MOZAMBIQUE PARTNERSHIP FRAMEWORK IMPLEMENTATION PLAN

A FIVE-YEAR PLAN TO IMPLEMENT AND MONITOR THE

MOZAMBIQUE PARTNERSHIP FRAMEWORK

I. EXECUTIVE SUMMARY

The Government of Mozambique (GRM) and Government of the United States (USG) Partnership Framework (PF) prioritizes prevention of new infections (Goal 1), health systems strengthening (Goal 3), and quality, family-centered HIV care and treatment services (Goals 4 and 5) through increased leadership and coordination of the multisectoral response (Goal 2). Sustainability and country ownership of programs by the GRM underlies all five goals and is the ultimate goal the GRM and the USG plan to strive towards by the end of the PF period. This Partnership Framework Implementation Plan (PFIP) outlines the expected contributions of the GRM, USG, and other partners, the expected allocation of resources, and the program, transition, and policy targets to achieve the five Partnership Framework goals. Expected outcomes of the GRM and USG partnership by 2014 include:

- Reduce new HIV infections by 25% from 2010 to 2014
- Reduce HIV prevalence among young women aged between 15-24 from 11.3% in 2009 to 8.5% in 2014
- Reduce AIDS mortality by 5% and prevent 23,000 AIDS deaths by 2014
- Increase the Mozambican health workforce from 1.26 to 1.87 per 1,000 inhabitants by 2014
- Reduce the % of men and women 15-49 reporting multiple concurrent partners in the past 12 months, from 33% and 6% in 2009 to 17% and 3% by 2014, respectively.
- Reduce the number of new HIV infections in children two years old and younger to less than 5% by 2015
- Increase percentage of HIV-infected pregnant women receiving complete ARV prophylaxis treatment to prevent vertical transmission from 32% in 2008 to 80% in 2014

Prevention: *Reduce new infections by 25% by 2014.* HIV prevention efforts were given high priority with the approval of the GRM Strategy for Accelerated Prevention of HIV Infection in December 2008. Despite this, prevention efforts are lagging. Over the life of the PF, the GRM and the USG intend to increase investments in evidence-based, cost-effective prevention interventions over the life of the PF. In years 1-3 of the PF, emphasis is expected to be on costing exercises, evaluations of prevention interventions to better inform future programming, defining most at-risk populations, expanding policy and programmatic platforms for scale up of male circumcision, developing a policy for the use of lay counselors within health care facilities to enable the shift of CT responsibilities to this cadre, and increased uptake of HIV testing and prevention of mother-to-child transmission (PMTCT) services. Years 4-5 should expand on efforts to strengthen and expand programs. The GRM, USG, and other partners intend to work together to ensure sustainability and transition delivery of prevention services to

Mozambican organizations by increasing opportunities for funding, capacity building and strengthened involvement of PLHIV in the planning, delivery, and monitoring of prevention activities.

Health Systems Strengthening: In years 1-3 of the PF, the GRM, USG, and other donors intend to allocate substantial financial and technical resources to health systems strengthening, contributing to the achievement of national human resources for health (HRH), infrastructure, and supply chain management goals outlined in national strategies and plans, and ultimately, expand access to and delivery of quality HIV clinical and social services. Early investments should be realized in years 4-5 and therefore resources for infrastructure and the supply chain should decrease over the years. Due to a limited human capacity in Mozambique, however, the GRM and USG intend to continue allocating significant resources to the development of qualified personnel for the health care and social welfare systems. Additionally, the USG intends to decrease its funding for pharmaceutical commodities as it shifts its focus to strengthening the supply chain system and providing technical support for the oversight of quality care, treatment, and prevention programs. The GRM and the USG jointly intend to ensure increased efficiencies in all program areas and use of funds over the life of the PF and thus evaluations and exercises to monitor costs of programs and systems to improve coordination among the GRM, the USG, and donors are key activities in this Implementation Plan.

HIV treatment, care and impact mitigation: *Reduce AIDS mortality by 5% and prevent 23,000 AIDS deaths by 2014.* The efficiency and effectiveness of HIV care and treatment programs are dependent on quality decentralized services with strong facility-community linkages and referral systems. Efforts in years 1-3 of the PF are expected to focus on providing sustainable support through technical assistance, mentoring, and supervision of care and treatment programs thereby laying the foundation for the transition of programs by the end of the year 5. High quality comprehensive care services (sexually transmitted infections (STI), tuberculosis (TB), and opportunistic infection (OI) treatment, nutritional support) for people living with HIV (PLHIV) and their families should be complemented by support services (psychological, legal, socio-economic, and social support). The GRM, the USG, and other partners intend to work together to strengthen the capacity to provide these services and ensure that referral systems are strengthened through building linkages between facility and community settings.

Leadership and coordination of the multisectoral response: The USG and GRM intend to work together through the PF which directly aligns with the newly approved National HIV Strategic Plan (NSP) 2010-2014. The NSP aims to respond to the HIV epidemic by reducing new infections and focusing on programmatic areas prevention (PF goal 1), treatment and care (PF goals 4 and 5), reducing risk and vulnerability and mitigation of the impact of HIV (PF goal 5). Supportive areas as defined in the NSP are multisectoral coordination (PF goal 2), monitoring and evaluation (objectives under PF goals 2 and 3),

operational research (objective under PF goal 3), communication (objective under PF goal 1), mobilizing resources (objective under goal 2) and systems strengthening (PF goal 3). Principles outlined in the NSP directly support the PF principles of multisectoral coordination, decentralization, health system strengthening, and results-based programming. Additional principles in the NSP identified by the GRM are a focus on human rights and a "Mozambicanization" or country ownership of the response.

II. INTRODUCTION

The purpose of this PFIP for the five-year joint strategic PF is to further elaborate the activities that are intended to achieve the goals and objectives of the PF and develop a framework of objectives, indicators, benchmarks and targets that guide implementation of the PF and serve as the basis for monitoring progress toward the goals and objectives.

The GRM and USG PF prioritizes prevention of new infections, health systems strengthening, sustainability and country ownership through increased management, implementation, and oversight of programs by the GRM and Mozambican organizations and institutions, and quality, family-centered HIV care and treatment services delivered within the larger health and development context.

Five goals have been set out in the Partnership Framework to work towards quality HIV programming:

1) Reduce new HIV infections in Mozambique
2) Strengthen the multisectoral HIV response in Mozambique
3) Strengthen the Mozambican health system, including human resources for health and social welfare in key areas to support HIV prevention, care, and treatment goals
4) Improve access to quality HIV treatment services for adults and children
5) Ensure care and support for pregnant women, adults and children infected or affected by HIV in communities and health and social welfare systems

The PFIP is a living document, expected to be updated on an annual basis, and outlines the expected contributions of the GRM, USG, and other partners, the expected allocation of resources, and the programmatic, transition and policy targets to achieve the five PF goals. Country ownership and capacity building of the GRM and civil society (CS) are priorities of the PF and the PFIP is to detail the steps to ensure that programs work towards transitioning HIV programs to the GRM over the next five years.

The PFIP was developed taking into considering the newly approved NSP and Round 9 HIV Global Fund (GF) proposal, which complement PF goals, objectives, and activities.

Previous rounds of the GF and other partner contributions have also influenced the design and content of the PFIP.

III. IMPLEMENTATION OF THE FRAMEWORK PRINCIPLES

Achievement of goals outlined in the PF to support the national HIV and health strategies are dependent on: 1) high level government policy support and ownership to prioritize needs in Mozambique; 2) coordination for effective planning and reporting; 3) decentralization and strengthening of the health system to ensure effective programming and utilization of resources from central to community level; 4) transparency and accountability of HIV resources and planning processes; 5) engagement and participation from civil society, PLHIV, and private sector; 6) flexibility to respond to Mozambique's needs and available resources; and 7) results-based management of programs to ensure programs are achieving results and use resources effectively. Table 1 outlines the implementation of these principles outlined in the PF. Annex 1 and 2 further describe policy oversight, responsibilities, objectives, and targets.

Table 1: Summary of the Principles

Partnership Framework Principles	Implementation of the Principles
High level government commitment and ownership	• GRM lead on decision-making, prioritization and implementation of programs**;** GRM to oversee quality delivery of programs; GRM develops, implements, and evaluates policies outlined in PF
Coordination	• Ensure that USG-supported initiatives are supporting district, provincial, and central coordination mechanisms • Provincial-level government representatives hold regular meetings with implementing partners in provinces, including USG implementing partners, to plan, manage and coordinate activities • Maximize USG involvement in government and partner coordination forums (HIV Partner Forum and Health Partner Group) to increase effectiveness • Increased support to GF recipients for efficient use of GF resources and leveraging with USG activities • Formation and use of USG provincial coordination teams to better coordinate and monitor USG implementing partners and undertake joint USG-GRM planning for maximum impact at the provincial and district levels. • USG alignment with GRM plans, strategies, and monitoring and evaluation (M&E) plans
Decentralization and strengthening of the health system	• Greater support in the capacity building of central, provincial, and district level health structures and decision-making bodies • Increased financial support to health systems strengthening (including infrastructure) activities • Increased financial and technical resources to strengthen human resources for health and social welfare and capacity of government institutions and civil society

Transparency and accountability	• Reporting of PF progress and outcomes in government forums (NAC board) and with partners • Inclusion of USG plans and budgets in government budgeting and planning processes • USG provides technical assistance to GRM and CS to strengthen financial and reporting systems
Engagement and participation	• Greater involvement of CS, PLHIV, private sector in strategic planning (NSP, Sector Strategies, PRSP), annual planning exercises, and in the design, implementation, and monitoring of performance of programs
Flexibility	• Open relationship between the GRM, USG, CS, and donor counterparts to modify program objectives, targets, and desired outcomes • Regular forums convened by GRM to monitor progress and allow for adjustments
Results-based management of programs	• Utilization of emerging evidence from validated studies to implement programming and achieve measurable results • Utilization of costed program data to inform program planning

IV. SUSTAINABILITY AND TRANSITION STRATEGY

Partnerships are an important component of the HIV response in Mozambique to jointly develop, implement, and monitor programs that effectively address the key drivers of the epidemic and build Mozambican capacity to effectively prevent the spread of new infections and provide appropriate care and treatment for those affected. Sustainability and transition should be infused into all PEPFAR programming, planning, and reporting processes and is to be measured over the five years. The GRM and the USG recognize that, although most transitioning activities are to begin during the Implementation Plan period, some activities are to be carried on beyond the PFIP 2009-2013 timeframe due to the scope of USG support to the national public health system and community based programs. Strategies over the life of the PF are as follows:

Increase joint planning and reporting: An essential component to achieve sustainability and transition is joint GRM and USG planning, budgeting, and reporting to increase GRM ownership of the management, planning, and oversight of HIV programs and to increase coordination and improved outcomes. As part of the PF, the USG and GRM aim to ensure participation of USG representatives in GRM annual work planning and better alignment of USG country operational plan (COP) and GRM annual work plans. In addition, both GRM and USG contributions to the HIV response are to be accounted for and reported transparently in USG and GRM planning and reporting. The GRM, USG, and donors planning and coordinating the HIV response in Mozambique are to continue to ensure resources and activities, at financial, technical, programmatic, and policy levels, are aligned and harmonized. More detail on GRM and USG planning, budgeting, and reporting cycles can be found in Annex 3.

Increase integration of HIV programs with other health and development programs: The GRM and USG strive to integrate and link HIV programs with other health and development programs with complementarity and synergy. Within the USG health and development portfolio, efforts are to continue to focus on integrated programming and funding to maximize resources and enhance results. Under the PF, increased emphasis is intended to be placed on integrated planning, budgeting, implementation, and health system strengthening activities with other non-PEPFAR and non-USG resources for education, maternal child health, family planning, malaria, food and nutrition, and tuberculosis programming. The GRM and USG intend to work together to strengthen gender equality and women's empowerment in programs by incorporating gender into program design, implementation, and monitoring and evaluating, including disaggregating information by sex for better program analysis. The PFIP is expected to detail responses that address gender with emphasis on: 1) increasing gender equity in HIV activities and services; 2) addressing male norms and behaviors; 3) increasing women's legal rights and protection; 4) reducing violence and coercion; and 5) increasing women's access to income and productive resources. The PF also supports gender coordination and policy discussions at the national level.

Strengthen Mozambican institutions: A key part of sustainability and transition of country ownership is the strengthening the capacity of Mozambican institutions through technical assistance, mentoring and training support at central, provincial, and district levels, and increased channeling of USG funds through Mozambican systems. A continuous participatory exchange of leadership skills, knowledge, and responsibility between the USG, GRM, civil society organizations (CSOs), and other donors is important to develop a sustainable response to HIV programming.

As part of the PFIP, the USG intends to provide resources for conducting supervision, ensuring quality and standardization of training, and fostering timely development of new policies, plans and tools to ensure that national programs implement interventions which are in keeping with emerging best practices. During this transition period, technical assistance (TA) provided by expatriates is needed to transfer necessary skills to the GRM. The USG intends to work with its implementing partners to ensure that TA and capacity building activities are strategic and coordinated and expects to work with the GRM to ensure that work permits for non-Mozambicans can be obtained to facilitate the capacity building objectives of the PFIP. The GRM intends to ensure that such support is not duplicating that which is available through other financing modalities and means of support such as the GF and other donors. Refer to Annex 4 for more detail on USG-supported technical assistance and capacity building activities that support GRM and CSOs.

USG partners, through sub-grant activities, provide considerable organizational capacity building in the form of direct financing and financial management, accounting, planning, monitoring, and reporting, technical assistance and mentoring to provincial and district health staff in support of the decentralization process in Mozambique. In 2008, some

antiretroviral treatment (ART) partners ('Track 1') in Mozambique began developing transition plans with the Ministry of Health (MOH) to enhance and further focus their role in improving quality and strengthening the health system, and integrating HIV services into the national public health system. The USG intends to continue to work with the GRM to develop sustainable transition plans.

Increase direct support to the GRM: Between U.S. Fiscal Year (FY) 2005 and FY 2009, the USG program has directly funded over USD 25 million to the Ministry of Health. The USG has also provided about USD 1 million in funding to the Ministry of Women and Social Welfare. These direct funding opportunities ensure complementarity with existing plans funded through the Ministry by other partners and are accompanied with financial, policy, and M&E technical support to ensure funds are expended and targets are met. In the first years of the PFIP, the GRM and the USG intend to strengthen systems within the GRM to ensure effective use of USG, GF and other resources with the objective of increasing the resources directly channeled through GRM institutions and systems.

Increase funding to local civil society: Mozambican civil society has the role of establishing linkages between the community and the government and ensuring that the community needs are reflected in government programs. CSOs also have the role of holding the government accountable for the use of resources, effective planning, and advocating for quality HIV services and ensuring policies and legislation are properly enforced.

Civil society organizations in Mozambique have limited funding from all funding sources in Mozambique, including the USG, in part due to the low capacity of CSOs to manage and advocate for quality HIV programs. Support to civil society during the first phase of PEPFAR focused on providing grants to organizations for small community based initiatives in HIV programming. This next phase of PEPFAR is seeking to actively shift its programmatic emphasis to a more sustainable and long term approach to building the capacity of civil society to engage, manage, and lead in the HIV response.

Approaches to increase civil society involvement in planning and implementing HIV programs are to include provision of technical assistance and capacity building for USG Small Grants partners, placement of U.S. Peace Corps Volunteers with local organizations receiving PEPFAR funds, and increased opportunities for direct funding to medium sized local organizations.

The table below describes key areas and indicators for transitioning ownership to the GRM and to civil society.

Table 2: Summary of Transition and Sustainability Plans

Strategies	Implementation Areas	Indicators	Targets/Benchmarks
Increase coordination between GRM, USG and other partners through alignment of planning and reporting cycles	• Alignment with GRM planning process • Reporting of PEPFAR progress in key partner meetings	• Development of PEPFAR Advisory Board	• USG participation in provincial PES planning process by 2011 • USG regular engagement in donor coordination meetings by 2010
Increase direct support to GRM	• Coordinated and targeted technical assistance • Direct funding • Sub-agreements to GRM by PEPFAR partners	• Number of GRM ministries receiving direct USG funding • Percent of USG resources provided directly to GRM • % of GRM budget allocated to health sector	• Technical assistance mapping completed by 2012 • 4 direct provincial funding agreements by 2013 • 15% of GRM budget allocated to health sector by 2013
Increase funding to local CSOs	• Direct funding to local CSOs • Sub-granting to local CSOs • Capacity building	• Number of local CSOs receiving direct USG funding • Percent of USG resources provided directly to local CSOs • Percent of USG resources provided to local CSOs (either directly or indirectly)	• 2 CSOs receiving direct USG funding by 2013

V. PREVENTION GOAL

Reduce sexual transmission

Heterosexual sexual transmission is estimated to be responsible for about 90% of new HIV infections in Mozambican adults. To achieve its goal to reduce new HIV infections by 25% from 2010 to 2014, the GRM views quality comprehensive sexual transmission programming of greatest importance. Activities under the PF are to build on previous successes, integrate multi-level behavioral, biomedical and structural interventions, and address the country's heterogeneous and multifaceted epidemic. Efforts are to continue to expand behavior change activities focusing on the general population that are complemented by targeted interventions to address high-risk populations and geographic hot spots. Monitoring and evaluation efforts are to be increased to identify

successful sexual transmission interventions, especially multiple concurrent partnerships (MCP).

Strategies to prevent sexual transmission are intended to: 1) expand and improve behavior change activities; 2) improve targeting in youth interventions; 3) develop and implement targeted interventions for high-risk populations, 4) focus on Most-at-Risk population (MARP) activities in geographic hot spots, 5) improve demand for and access to condoms, 6) engage more men in prevention programming, 7) improve integration of prevention activities; and 8) expand monitoring and evaluation. Interventions in gender should build upon previous initiatives focusing on changing gender norms, gender-based violence awareness, and involving men in prevention programs, and decreasing women and girls' vulnerability to sexual transmission of HIV. The GRM and the USG aim to support the strategies outlined in the NSP and the Strategy for Accelerated Prevention of HIV Infection such as targeted and specific communication campaigns to individuals, families, and communities; consistent and correct use of condoms (especially for discordant couples), persons involved in MCP sexual networks, youth and adolescents; prevention with positives programming such as facility-based interventions (STI treatment, family planning counseling, alcohol abuse reduction, treatment adherence) and community-based support services for PLHIV and family members, and focusing behavioral and clinical interventions for MARPs.

Reduce mother-to-child transmission

Coverage remains low for both HIV testing of pregnant women (68%) and ARV prophylaxis among those women found to be HIV-infected (51%). As part of this PFIP, the GRM, USG, and other donors aim to test 80% of pregnant women and provide ARV prophylaxis to 85% of HIV-infected women by 2013. The GF, UNICEF, and USG have a renewed shared objective to eliminate mother-to-child transmission and intend to increase financial and technical assistance resources in this area to achieve these targets.

Strategies over the life of the PF include: 1) increase intensive pre-service and in-service training to expand the number of nurses who provide quality services; 2) prioritize initiation of ART for eligible pregnant women; 3) increase involvement of men in PMTCT programs; 4) improve monitoring and evaluation; and 5) improve linkages with MCH, family planning, and reproductive health. Maintaining a focus on sustainability, the USG and GRM intend to support MCH/PMTCT integration through intensive pre-service and in-service training in years 1-3 of the PF. Linkages between facility-based and community services-National Health Service, family and community-as well as ensuring a continuum of care of services-post-partum follow-up, family planning, nutritional support to mother and child, and ensuring linkages with pediatric treatment programs-are all components of the NSP and are expected to receive USG support during the five years of the PFIP.

Expand access to counseling and testing

The Strategy for Accelerated Prevention of HIV Infection prioritizes counseling and testing (CT) as a crucial component of HIV prevention, recognizing it as the entry point for care and treatment, psychosocial support, and behavior change. As the cornerstone of the HIV service scale-up in Mozambique, CT services are being provided through three strategies: 1) Provider-Initiated CT (PICT) in clinical settings; 2) Community-based CT (CCT); and 3) Facility-based counseling and testing which was nationally adapted into CT in Health (CTH). Strategies to increase access, uptake, and quality of CT services are intended to: 1) improve quality of post-test counseling and laboratory testing; 2) develop and roll-out national CT guidance defining CT service standards; 3) develop policy for the use of lay counselors within health care facilities to enable the shift of CT responsibilities to this cadre; 4) improve data management and monitoring and evaluation; 5) expand couples counseling, including the promotion of male involvement and GBV counseling, within all CT delivery systems, linking to prevention, PMTCT, and treatment services; 6) implement routine PICT in out-patient settings; and 7) develop and implement national HIV testing campaigns. Throughout the PFIP, the GRM and the USG are to work to strengthen linkages between CT programs and other HIV programs-home-based care, TB screening and treatment, prevention with positives, orphans and vulnerable children, prevention of mother to child transmission, gender-based violence and stigma reduction programming.

Expand availability of Male Circumcision

In Mozambique, approximately 60% of men aged 15-49 years are circumcised with significant variation in the rates of male circumcision (MC) across the eleven provinces. MC is supported as a prevention intervention in both the National Accelerated Prevention Strategy and NSP. Initial MC activities in the PFIP in year 1 are planned to focus on pilot studies and interventions that should inform development of a male circumcision policy and guidelines in the context of improved surgical capacity. When pilots, evaluations, and ultimately a national MC policy are established, the USG intends to support the GRM in its implementation among the approximately 3.8 million uncircumcised men aged 15-49. This is intended to be part of a comprehensive prevention strategy which includes: provision of HIV testing and counseling services; treatment for STIs; the promotion of safer sex practices; provision of condoms and promotion of their correct and consistent use; reduction of gender-based violence and substance abuse; and linkages and referrals to prevention interventions and other social support services. The male circumcision program should be fully transitioned to the GRM by the end of the PFIP period in 2013.

Ensure access to safe blood products, medical injections, and enhance workplace safety

Workplace safety is a main priority of the GRM in the NSP recognizing the deficiencies in infrastructure, blood collection systems, and waste disposal management in the current

system. The strengthening of the infection prevention and control program (IPC), the injection safety (IS) program and the National Blood Transfusion Service (NBTS) are essential to reduce the risk of transmission of HIV and other blood borne pathogens at health facilities. The strengthening of surveillance, information systems, and monitoring and evaluation systems of the NBTS and IS programs is intended to be a focus in years 1 and 2 of the PFIP. Plans to build the sustainability of the NBTS program in year 2 and beyond of the PFIP include support to central level planning and infrastructure development. Policy goals of developing and implementing the official structure of a blood transfusion service and the approval of a national blood policy are to enhance the sustainability of programs and are to be achieved through technical and policy support to the GRM. PFIP year 2 and onward should a mainstreaming of infection prevention and control (IPC) measures across all program areas including conducting IPC trainings, developing of standard biosafety procedures, and improving the use of personal protective equipment in year 2 of the PFIP. The transition of the IPC program to the GRM is planned for years four and five of the PFIP (2012/2013). Availability of and access to PEP (post-exposure prophylaxis) is also expected to be a focus in the five years of the PFIP.

Five Year Goal I: Reduce new HIV infections in Mozambique	
Sustainability and Transition Plans:	• Capacity building of CSOs in organizational management of programs and technical skills on HIV prevention through training and mentoring • Transition of Infection Prevention and Control (IPC) program to GRM by 2012/2013 • Training of MCH nurses for integration of PMTCT/MCH services • Fully transition from pilot stage to government run male circumcision program by 2013 • Decentralized support to DPS/DDS for PMTCT services • Transition clinical services (including PMTCT and counseling and testing) to sustainable partnerships

Objective 1.1: Reduce sexual transmission of HIV through comprehensive prevention interventions

Benchmarks:

- National multi-media communication and multi-level campaigns driven by the mass media and outreach activities to hold messages in the community and connect the underutilized MOH services by 2014; multisectoral communication channels established and operating at district , provincial and central level by 2014
- Integration of PP and Treatment and Care services, including PMTCT and CT by 2012
- Adoption of a national PP strategy, support policies, training programs and implementation plans to ensure consistency of services across all sites by 2012
- Development of M&E tools and documentation strategies by 2012
- Development of a care and support strategy at the community level that includes PP by 2014, Men's Health Behavioral Surveillance Survey completed in 2011, launching in mid-2012
- National Level guidelines to better address MARPs to remove barriers to access to health care developed by 2012

Key Activities	GRM Expected Contributions	USG Expected Contributions	Other partner expected contributions
Implement national communication campaign	Provide leadership and coordination of the process. Integration of Communication Strategies in National Health Promotion Strategy Definition of a communication package of integrated interventions according to GRM priorities	Provide technical assistance for the implementation of the communication strategy Provide technical assistance for production of materials, message development, pre-testing of materials, logos, flight time dissemination	Private Sector: USG intends to leverage strategic private sector resources through PPPs to expand HIV prevention services targeting youth, transporters, sex workers. Private sector contributions should include funding, technical assistance, in kind assistance (e.g. infrastructure) and access to hard-to-reach groups. Development of Private sector partnerships with civil society for communication strategies for HIV in

	Inclusion of literacy programs in health promotion interventions to reduce high risk behaviors		the workplace programs
Integrate and implement positive prevention interventions in clinical and community settings.	Positive Prevention as one component of National HIV Prevention Strategy for Acceleration of Prevention and NSP MOH at Central, Provincial, District and local level buy-in and involvement in the scale-up of a comprehensive Positive Prevention intervention in all health facilities Provide leadership and coordination at Central, Provincial, District and local level Conduct study on Feasibility and Acceptability of Positive Prevention Intervention in Mozambique	Training in Positive Prevention/Capacity building of health care workers and counselors Ensure that every clinical encounter with HIV+ individuals includes a comprehensive standardized package aimed at minimizing onward transmission of HIV. Ideally, all health facilities would initiate positive prevention; however, this program is expected to initially target PEPFAR-supported health units. Ensure that every health facility that offers ART services also includes a strong linkage and referral system to community support groups and other local support services where available Conduct research to evaluate the effectiveness of current and planned PP interventions Reinforce provider prevention	

	The Ministry of Defense (MOD) through the Military Health National directorate (DNSM) should make sure that all medical (including psychologists) staff is trained on Positive Prevention (PP) basic principles in order to ensure expansion of the program to other military hospitals and clinics located at military units. DNSM should ensure that civilians receiving medical services in military health units are informed about PP interventions and are allowed to make part of the program. Identify and support groups of military personnel LWHA and integrate them in PP programs.	messages and promote access to care and treatment through active referrals in community-based interventions Advocacy capacity building for PLH associations to address stigma and discrimination Monitor NGI for Positive Prevention (PP) Provide PP materials, continue supporting a partner to train military medical staff working in ART clinics and help them initiate, monitor and evaluate PP programs. Continue supporting the existing program through TA and mentoring programs. Support the DNSM to achieve the goal of having PP interventions in all military hospitals by 2015.	

Expand HIV prevention interventions in MARP communities-prison settings, sex workers and their clients, mobile populations including miners, truckers, uniformed services, men who have sex with men, drug users	Leadership and coordination of HIV response among MARPs – assignment of leading institution(s) Create enabling environment for implementation of comprehensive HIV – related MARPs activities (ex. Condom distribution in prisons; clinics or specific hours to provide care for MARPs; basic, pre-packed prevention and treatment kits) Advocacy and coordination with neighboring countries on interventions and referral systems for trans-border mobile populations Use emerging evidence to better define and target MARPs. MOD should identify peer educators within senior members of the military so that the leaders also have access to important prevention information/interventions. Each rank is to have its own peer educators.	Ensure good coordination with relevant government institutions Technical assistance Ensure support to MARPs groups not currently prioritized by government Build capacity of government to create enabling policy environment Strengthen capacity of government, civil society and private sector to deliver comprehensive HIV services for high risk populations Ensure programs are implemented nationwide but with greater focus on higher prevalence geographical regions, corridors and/or hotspots for MARPs Build technical and organizational capacity of local MARP organizations to gradually play major role in HIV response Increase access in venue and time appropriate CT services for MARPS Support surveillance system for MARPs Support the government in the production of MARPs related	

	MOD should define regulations that add monitoring of prevention activities to the main responsibilities of each commander in its respective military unit. The commander should include in his regular reports a section describing the main HIV activities that took place at the base. Offer CT services during selection of young men and women for military service. Regular reports from the commander on the main HIV activities that took place in the barracks under his command in a given period. Provide CT volunteer services during the selection tests and classification of young men for the army	evidence to guide policy and programs (different research activities) Continue supporting production of HIV prevention materials (pamphlets, murals, radio and TV spots), camouflage condoms' production and distribution, training of peer educators Continue supporting prevention campaigns throughout the country Support trainings of the military leadership in order to increase their knowledge and support among the leaders to fight and win the war against HIV	
Increase male engagement in HIV interventions	Leadership and coordination from MOH on male engagement	Technical assistance on developing innovative program interventions that focus on a specific beneficiary population to meet their specific needs, linkages with wrap-around interventions such as nutrition,	

		economic strengthening, Water and Hygiene, PMI, family planning/reproductive health, and education. Capacity Building to address violence and coercion • Social Mobilization • Support training for Couples' HIV Counseling and Testing Approach	

Objective 1.2: Reduce mother-to-child transmission

Benchmarks:

- PMTCT program establishes standardized monitoring and evaluation tools and processes by 2012
- PMTCT policy updated to include more effective regimens (adaptation of revised WHO guidance) by 2012
- PMTCT/ MNCH/FP integrated package defined and implemented at National level by2014
- System established for comprehensive quality assurance for HIV counseling and testing in PMTCT settings by 2012
- Logistics / commodity supply chain strengthened to guarantee the reliable provision of goods and services including consistent supply of rapid test kits, ARV drugs, and other commodities established by 2014

Key Activities	GRM Expected Contributions	USG Expected Contributions	Other partner expected contributions
Train MNCH nurses (in-service and pre-service), develop MNCH curriculum, and develop MNCH faculty including integrated PMTCT component (see objective 3.1)	Define Integrated Package Review MNCH Pre-service curricula Ministry of Health Lead the implementation of Human Resource plan which include MCH nurses training and other health workers	Through specific USG supported partners, finalize with the MOH "Job Aids" for TOT. USG also intends to support TOT for PEPFAR implementing partners; the DPS intends to begin the implementation of the integrated package Support the pilot intervention in 10 health units to build experience for expansion of interventions.	GF: Round 8 and 9: support to PMTCT service delivery. GF and other pool development partners support Human resource development plan and Health System strengthening plan

		Support the implementation of new data collection pilot instruments and support the inclusion of new data into Modulo Basico Provide technical assistance at orientation sites Support integrated in-service training	
Provide MNCH services with integrated PMTCT component	Expand PMTCT integrated services Approve and implement M2M strategic document	Develop partnerships to strengthen and promote integrated, community resources of quality at the national level based in high impact MCH interventions through an integrated approach (MCH/PF/Malaria/ PMTCT/ STI/syphilis , PP) Support innovative approach to improve adherence and retention of MSCH nurses after pre-service training and before absorption into the National System Provide onsite TA to DPS Support MOH in the revision and finalization of supervision tools Support the implementation of Mother support groups	WFP nutritional support (in partnership with MOH and UNICEF)
Provide provider-initiated testing and counseling, with adequate quality assurance	The Ministry of Health has established CT in all Health	Support integration of support staff (lay counselors, activists, CHWs)	

	services in the context of continuum of care	Support external quality assurance (EQA) program scale up Contribute to strengthening of commodity / supply chain	
Implement revised WHO guidelines / Provide more effective ARV regimens for PMTCT	The Ministry of Health is reviewing the PMTCT guidelines based on WHO Guidelines Ministry of Health convenes task force led by TWG to discuss the operationalization process	ARV prophylaxis, lab services (hemoglobin, CD4 testing), technical assistance	Clinton Foundation and other partners are prepared to support the implementation process.
Provide treatment to ART-eligible HIV-infected pregnant and breastfeeding women		ART services, lab services, technical assistance	
Provide safe infant nutrition	Revise nutrition guidelines	Community outreach programs Integrate nutrition package in MCH PMTCT services	UNICEF in partnership with USG is supporting the Ministry of Health to review the nutrition guidelines WFP: nutritional support
Provide family planning/reproductive health services to prevent unintended pregnancies among HIV-infected women	Approve and disseminate RH Policy	(education and involvement) Linkages to positive prevention, longitudinal care Support to MOH in the review of the Family Planning Strategy Support to development of RH norms	

		and protocols	
Expand community, male, and other family-member involvement	Revise national community strategy and guidelines to put more emphasis in referral and linkage between health facilities and community	Mother support groups	
Basic program evaluation for PMTCT		Support for protocol development and analysis of results; technical assistance	
Strengthen monitoring and evaluation / data collection	Approve MCH data collection tools Ministry of Health intends to develop a National Health information System that includes HIV/AIDS data	Technical assistance	

Objective 1.3: Expand access to confidential HIV counseling and testing

Benchmarks:

- Communication campaign to increase demand for CT services and promote behavior change by 2013
- The Counseling and Testing Program establishes standardized monitoring and evaluates the tools and the processes by 2012
- Counseling and Testing Policies reviewed and updated for PICT, CT in health, and community-based CT (adaptation of the WHO guide revised) by 2012
- System in place for ensuring quality for PICT, CT in health, and community-based CT by 2012
- Logistics/purchase and distribution chain strengthened; reliable, established the consistent provision of rapid test kits by 2012
- Ensure a system of recognition and integration of CT and its advisors in the National Health System by 2015

Key Activities	GRM Expected Contributions	USG Expected Contributions	Other partner expected contributions

Provide facility and community based CT services: ○ PICT ○ CT in health ○ Community-based CT Provide workplace and mobile testing	Advocacy for CT as top priority in the Acceleration of the National Prevention Strategy Ensure the operationalization of CT policies at provincial and district levels	Quality assurance of counseling and testing procedures through training of implementation of the CDC/WHO Rapid Test Training package Roll-out of log books for testing quality assurance Provide assistance to harmonize supervisory tools for CT services Support strengthening of linkages between communities and health facilities to provide and promote CT in facility and community Support the increase of HR Support supply chain management of Rapid Test Kits and additional necessary materials (procurement, distribution, warehousing) Support training for PITC scale-up Support training for Couples' HIV Counseling and Testing Social Mobilization to reinforce CT campaign messages	GF: Round 9, 8, 6 and 2: support to CT service delivery (training of health workers in CT, material production of guidelines and communication materials, procurement of rapid test kits) PPPs: Outreach CT services
Standardize the supervision and coordination of CT services	Coordination and leadership to ensure implementation of new M&E system for CT	Provide assistance to harmonize supervision tools for CT services	

Implement communication strategies to increase demand for CT services and promote behavior change	Coordination and leadership for CT communication strategies	Technical assistance for implementation of communication strategy, for production of material, development of messages, pre-testing materials, logos, dissemination of airtime Social mobilization to strengthen the messages of the CT campaign	UN (UNICEF, UNFPA) systems support the GRM in communication strategies.
Strengthen quality assurance systems of CT services	Operationalization of External Quality Assurance of HIV of the EQA - PANEL	Quality assurance of counseling and testing procedures through the establishment of CDC/WHO training packages in Rapid Testing. Review and improvement of current methodology of HIV EQA	
Strengthen the system of forecasting and distribution of rapid test kits and other CT products	Coordinate the implementation of MAC systems for management and distribution of Rapid Test Kits	Technical Support for forecasting and distribution	
Strengthen the system of referrals to other services	Ensure the functioning of the referral system	Support the strengthening of links between communities and health facilities to promote CT in the communities and in health facilities	

Establish links between CT and other services (TB, HBC, PP, OVC, PMTCT, GBV, reduction of stigma, etc.)	Advocacy for recognition of CT in the community as an effective and priority intervention and ensure the leadership in the links between community CT and other services		
Ensure a system of recognition and integration of CT and its counselors in the National Health System	Official Recognition of the Lay Counselor Training of CHWs in Counseling and Testing techniques	Advocacy for official recognition of the lay counselor	

Objective 1.4: Expand availability of safe, voluntary medical male circumcision (MC)

Benchmarks:

- Situational assessment to determine capacity for minor surgical procedures including MC within MOH facilities finalized and disseminated by 2010
- Detailed proposal for the Minor Surgery/MC pilot in 5 sites (4 MOH and 1 military) approved by MOH and MOD by 2010
- TOT in Zambia completed by 2010
- Major equipment and commodities procured and key materials translated to Portuguese by 2010
- Multiple forms to track and monitor MC services and minor surgical procedures developed/adapted for the pilot by 2010
- Comprehensive MC services started at the military hospital By 2011
- Positive Prevention extended and integrated in Care and Treatment, PMTCT and CT in health services offered in all military health facilities by end of 2012
- Finalize the MC prevalence study among young men who take annual pre-recruitment physical/medical exams by 2014
- Expand the availability of MC services in health facilities and discuss with FADM about the adoption of a MC strategy to reach more troops with needs for these services by 2014
- Lead the introduction of alcohol-free military resource centers or recreation centers in one or two military units by 2012

Key Activities	GRM Expected Contributions	USG Expected Contributions	Other partner expected contributions

Provide comprehensive facility-based MC services targeting priority populations including CT, STI screening and treatment, condom promotion, referrals to care and treatment, education programs, behavioral interventions, substance abuse, cultural norms Provide HIV prevention training for traditional leaders performing initiation rites Integrate HIV prevention communication, coercion and gender-based violence, and use of condoms in MC interventions	Leadership in the development of a national plan to scale up MC, including the prioritization of provinces/districts and military facilities Commitment of human resources for training and integrated service delivery within minor surgical wards and at military facilities Resources to support structural enhancements within facilities Guidance on the development of appropriate communication strategies for the military and general population	Training of service providers within MOH and MOD facilities Supportive supervision within facilities Assistance with logistics and commodities planning, assistance with procurement, resources to support structural enhancements within facilities Assistance with strengthening appropriate linkages with related prevention and treatment services, operational research to assess the impact of integrated MC services Strength support for CT services to identify MC candidates	WHO/UNAIDS: Technical assistance with costing MC services in Mozambique and policy development
Objective 1.5: Ensure access to safe blood products and safe medical injections and enhance workplace safety for health care workers			

Benchmarks

- Phase out HIV rapid tests of blood banks and implement ELISA by 2014
- Establish National Blood Service by 2013
- Operationalize National Blood Reference Center by 2012
- Health care worker interventions in place by 2012
- Infection Prevention Control Program established at central, provincial, and district levels and in all health units by 2013

Key Activities	GRM Expected Contributions	USG Expected Contributions	Other partner expected contributions
Establish National Blood Service Increase capacity and quality of infrastructure and equipment for testing, collection, and storage of blood and blood products Operationalize National Blood Reference Center Implement information system in National Blood Reference Center Increase biosafety during blood collection, processing, and transfusion Strengthen waste management systems Strengthen sterilization system in district, provincial, and central hospitals Expand and implement PEP programs in health facilities Conduct IPC trainings and create information education and communication	Review of blood transfusion policy and legislation framework Procurement and distributions of blood bank equipments Organize training for blood bank staff Department of information evaluate the software; provide someone to be trained on the new blood bank software. Accountable to scale up the software to all blood services across the country Provide training on blood collection, component preparation and transfusion Provide Training in biosafety in general for blood bank workers Develop and disseminate waste	Providing Financial and technical assistance (TA provide to Ministry of Health) Provide financial support and technical assistance Provide technical assistance for identification of the software Provide financial support for purchasing blood bank software Technical assistance for improvement of waste management system in the	GF round 8 & 9: procurement of lab commodities, training of blood bank staff.

(IEC) materials and guidelines for health workers Conduct external observational of achievement of IPC standards in health units Support M&E and hospital infection surveillance systems for IPC program Implement workplace health programs such as behavior change communication focusing on education for behavior change, counseling and testing and condom distribution	management strategies for all level health facilities	health facilities, in-service training, provision of IPE for waste handlers Technical assistance on use of sterilization equipment, quality assurance of sterilization procedures through supervision, support training on sterilization procedures. Technical assistance for PEP program implementation and roll out through: training of health personnel on PEP, support of supervision tool development, message, IEC material reproduction Technical assistance for IPC implementation and expansion through, support of: curriculum development, Train of Trainers, production of materials, supervision tools development Technical assistance for IPC Hospital compliance assessment conduction and scale up for lower lever health facilities (production of tools, training, supervision) Provide technical assistance for M&E and surveillance system tools	

		development, support training for implementation and scale up of activities Organize Family days to promote health in general to the families of HWs Develop training material in health promotion for health workers Produce IEC material: addressing HIV risks at workplace/private life Organize Refresher training for Focal Points at Provincial and District level Promote HIV Counseling and Testing Campaigns in some selected province Support the development of a policy for health sector to ensure the application of laws and norms established by Ministry of Public Administration in regard to HIV Develop strategies to integrate students from training institutes in workplace programs Capacity building at central, provincial and district level to set up workplace programs and promote sensitization sessions with health care workers at central, provincial, district and site	

		level Support the development of a policy for health sector to ensure the application of laws and norms established by Ministry of Public Administration in regard to HIV Support to set up a consultation room for health care workers at provincial level, following the experience of other provinces	

VI. MULTISECTORAL RESPONSE GOAL

Strengthen multisectoral leadership of the National AIDS Council (NAC) and its Executive Secretariat

As illustrated in the PF, multisectoral coordination is imperative to improve planning and reporting of activities to support the HIV response. The NAC is the leader in the HIV response in Mozambique, working with all line ministries, civil society, the public sector, the USG, and other donors. Needs for improvement, however, at central, provincial and district level are abundant, and a key part of the success of the multisectoral coordination hinges on the realignment and restructuring process of the NAC which is currently underway. This realignment process is a key policy issue at the core of a successful multisectoral response and the GRM, working with the USG and other donors, intends to complete the restructuring of the current NAC management framework in year two of the PFIP, including defining their role at the district level. The USG and the GRM expect to work collaboratively to support strengthened coordination mechanisms through technical assistance to central, provincial, and district levels for institutional development in planning, reporting and HR management.

Improve utilization of available state and donor resources

Coordinated financial investments are crucial to an effective HIV response. In addition to USG resources, the HIV response is funded by the state budget, the Global Fund (GF), the World Bank, and other bilateral and multilateral partners. This large number of actors demonstrates the need for effective coordination to report available resources, identify gaps, and strategically plan, monitor, and use resources effectively and efficiently. The GRM and USG should endeavor to increase coordinated technical assistance in organizational management, financial and programmatic monitoring tracking systems, operational policies and procedures, pharmaceutical management, human resources, and interdepartmental coordination to effectively manage funds, particularly those of the GF. A complete list of the technical assistance provided to the GRM can be found in Annex 6. These investments early in the PF are expected to result [in?] increased GRM management and implementation of programs to GRM and purchasing of key health commodities by 2013.

Table 3 below presents the projected contributions from the GRM, the USG, bilateral and multilateral donors, and the GF[1] over the life of the PF. A costing of the new NSP is planned for 2010, which should identify gaps and inform utilization of future resources for the HIV response in Mozambique. However, other costing exercises of the MOH human resources for health (HRH) plan and ARV drug needs demonstrate significant gaps in resources needed to achieve national targets. As part of the PF, the GRM, USG,

[1] Resources for the GF rounds can be found in more detail in Annex 4.

and other partners intend to work to strengthen financial coordination, planning, and management to ensure leveraging of resources and successful outcomes. In addition, the GRM and USG partnership expects to strive to expand upon and develop more innovative approaches to generate revenue for public health financing outside of donor resources. Public-Private Partnerships (PPPs), which combine support from USG funds and resources from private sector corporations in support of GRM programs, should increase funding sources and engage the private sector in supporting public health programs.

Table 3: Total Projected Contributions[23]

Partners	PFIP Year 1 2009	PFIP Year 2 2010	PFIP Year 3 2011	PFIP Year 4 2012	PFIP Year 5 2013
GRM	**150,930,947**	**134,633,391**	**161,354,851**[4]		
USG*	**248,000,000**	**268,000,000**	**268,000,000**	**268,000,000**	**248,000,000**
Bilateral[5]	**151,160,031**	**137,957,488**	**20,854,044**		
Multilateral[6]	**43,079,379**	**38,485,900**	**32,826,140**		
Global Fund[7]	**0**[8]	**17,148,728**	**0**[9]	**52,726,874**	**94,901,371**
Total	**593,170,357**	**597,544,352**	**483,035,035**	**320,726,874**	**362,901,371**

* *NOTE*: PFIP Years: Yr 1: PEPFAR=FY09, GRM=FY10; Yr 2: PEPFAR=FY10, GRM=FY11; Yr 3: PEPFAR=FY11, GRM=FY12; Yr 4: PEPFAR=FY12, GRM=FY13; Yr 5: PEPFAR=FY13, GRM=FY14

Predictability of funding has been an issue of concern for the GRM in strengthening the government's capacity to budget, plan, and forecast for multiple years. Donors providing funding for HIV programs have been working on improving the predictability of funds to respond to the GRM's concerns but to date have only been able to confirm contributions until 2011. It is anticipated that funds from donor partners should remain stable until the end of the PFIP period in 2013. Annex 5 presents a more detailed projected USG budget through FY 2013.

[2] USG contribution in out-years are estimates and do not indicate binding funding levels. Levels are subject to Congressional appropriations and based upon the availability of funds.
[3] Figures include HIV and health contributions, for which health systems strengthening is a part.
[4] The GRM FY12 budget still under discussion; Includes contributions to the National AIDS Council and Health Sector, some of which are not strictly for HIV programs.
[5] Bilateral partners include: ADB, AECID, Belgium, Catalonya, CIDA, DANIDA, Dfid, EC, FINIDA, Flemish Cooperation, GTZ, Irish Aid, Italian Cooperation, JICA, Netherlands, NORAD, SIDA, SDC. Commitments have only been made until 2011 and figures will be updated accordingly when new commitments for 2012 and 2013 are confirmed.
[6] Multilateral partners include UNAIDS, UNFPA, UNICEF, WFP, WHO, World Bank
[7] Represents funds from TB, HSS, Malaria and HIV grants for MOH and HIV and Malaria grants for CS.
[8] There were no GF disbursements made in 2009.
[9] It is anticipated that no GF disbursements will be made in 2011.

As previously explained, the GRM has experienced difficulties in accessing GF resources. Subsequently, the GRM principal recipients have not accessed GF contributions for the first year of the PFIP and through the first half of the second year of the PFIP. Annex 6 further describes current GF rounds and resources through the PF.

Increase national coordination of prevention interventions

The approval of the NSP in year 1 of the PFIP represents an opportunity to strengthen the coordination of civil society, the media, and public and private sectors around the platform of a new national strategy to respond to HIV. The GRM and the USG recognize the critical need to build capacity of civil society in particular and intend to work with to ensure that PLHIV participate in prevention, care, and treatment interventions. The USG intends to support the GRM and to build financial, technical, and programmatic capacity to ultimately strengthen CSO's role in providing comprehensive HIV follow-up services in Mozambique.

Costing of HIV prevention interventions is expected to provide important information to ensure maximum programmatic impact for the most money and increase the ability of the GRM to provide appropriate direction in the coordination of prevention interventions to civil society, the public and private sectors. The USG expects to support a costing exercise in year 2 of the PFIP to provide accurate figures for the NSP prevention programmatic areas. The USG intends to provide continued technical support to the GRM for coordination of actors in implementing prevention activities of the NSP throughout the five years of the PFIP.

Strengthen organizational and technical capacity of civil society

Transitioning of programs to CSOs is essential in ensuring long-term sustainability of HIV interventions. The USG intends to support CSOs through technical support and grant mechanisms in years 1 through 5 of the PFIP to enable local organizations to play a strong role in providing comprehensive follow-up and empowering PLHIV to participate in prevention, care, and treatment interventions. Years 1 and 2 of the PFIP are expected to focus on building capacity of small local organizations in financial and program management, proposal development, fundraising skills, and HR management to enable organizations to seek funding outside of USG resources. The small grants/quick impact granting mechanism, described in detail in section IV, should help build capacity of CSOs to eventually develop the ability to request funding from other funding mechanisms. This approach should focus on a more sustainable and long-term approach to build the capacity of civil society to engage, manage, and lead in the HIV response.

Harmonize and strengthen national monitoring and evaluation systems

Strong monitoring and evaluation (M&E) systems are hampered in Mozambique by the lack of complete or useful data as well as continued low quality of data in some

programs, thus leading to an inability to accurately plan. Gaps in harmonization of definitions, data calculation, and interpretation methodologies, including tools for continuous information gathering and analysis, also present challenges in providing quality data. Government capacity for strategic information (SI) activities is limited due to lack of financial resources and critical shortages of trained strategic information professionals at central, provincial, and district levels.

The USG intends to support the NAC, National Statistics Institute, and other stakeholders to ensure that the national costed HIV M&E plan and the National Statistics Strategy include collection of necessary indicators for monitoring the epidemic and the HIV response while reducing duplicate data collection, as well as ensure a transition to routine data sources where feasible. The USG intends to continue to support ANC surveillance activities and work closely to train surveillance staff at the MOH to increase ownership over surveillance activities. Technical Assistance should be given to the Ministries of Health, Women and Social Welfare (MMAS), and the National AIDS Council to improve monitoring and evaluation and disease surveillance including disaggregating indicators by sex to improve monitoring progress in gender equality.

Currently, a National M&E Plan for the Health Sector, which defines and describes the National Health M&E System, is under development and the USG intends to support the implementation of this plan through technical assistance in the form of training and institutional support to the MOH to improve M&E systems and data collection in years 1-5 of the PFIP. A focus of the PFIP for strategic information activities is to ensure nationally driven data collection process for M&E and surveillance and coordination among development partners in support of a national data collection plan for a more sustainable approach.

Five Year Goal II: Strengthen the multisectoral HIV response in Mozambique			
Sustainability and Transition Plans:	• Financial resources supporting NAC outside of donor funds by 2013 • Capacity-building of NAC to coordinate, plan and monitor the national HIV response by 2013 • Capacity-building of CSOs to respond to the HIV epidemic		
Objective 2.1 Strengthen multisectoral leadership of the National AIDS Council and its Executive Secretariat in coordination, planning and monitoring of national HIV response			
Benchmarks: Multisectoral communication channels established and functioning at district, provincial and central levels by 2012			
Key Activities	**GRM Expected Contributions**	**USG Expected Contributions**	**Other partner expected contributions**
Build capacity in institutional development at central, provincial and district level to improve ability to coordinate, plan, and monitor the response Strengthen the coordination of intra-sectoral collaboration (Health, Education, Youth and Sports, Defense, Women and Social Welfare) Increase engagement of civil society, private sector, and PLHIV in the response (planning and monitoring)	Finalize and implement the NAC realignment process NAC establishes multisectoral coordination fora at district, provincial and central levels GRM engages civil society and private sector in implementation and monitoring of NSP	Support NAC's national M&E plan Leverage Brazilian expertise through trilateral cooperation Support CS in coordination of the response Capacity-building and sub-grants for civil society organizations and PLHIV networks Direct funding to civil society organizations Facilitate private-public partnerships	UNAIDS and DANIDA support to national M&E plan; Government of Brazil technical support in M&E; GTZ and EU support to institutional development; Government of Brazil technical assistance for M&E; Common fund donors GTZ, EU, UNAIDS, DANIDA and other Common Fund donors support to NAC coordination DFID, Irish Aid, World Bank, UNDP, UNAIDS, Swedish Embassy, WHO support to civil society; GF grants to civil society organizations

Objective 2.2 Improve capacity of the GRM to effectively utilize available resources to improve HIV service delivery in support of prevention, care, and treatment goals			
Benchmarks: • Complete assessment of TA needs for GF grant management and appropriate TA in place by 2010 • Develop public-private partnerships to support sustainable public health financing by 2011 • Report PEPFAR budgets, expenditures and results within GRM planning and reporting cycles by 2010 • Complete PBF assessment by 2012 and action plan accepted by stakeholders by 2013			
Key Activities	**GRM Expected Contributions**	**USG Expected Contributions**	**Other partner expected contributions**
Strengthen GF grant management/coordination and financial management	Support creation of a formalized structure and process including key departments and CMAM, using existing resources and national working groups for coordination GF implementation, monitoring, procurement, supply and distribution planning	Provide technical assistance to MOH to strengthen GF management and financial management; participate in Country Coordinating Mechanism; serve as a catalyst through working groups to support GRM in planning, procurement, and coordination between donors, MOH programs, DPC, DAF and CMAM.	Participation in Country Coordinating Mechanism; Donor TA for GF proposals; CIDA, DANIDA, Swiss, Irish Aid, Italy, Belgium, Netherlands, DFID support to MOH financial and auditing working group
Strengthen human resources management capacity	Coordination of HR Development Plan	Support to HR development plan (pre-service, in-service, scholarships, capacity-building of training institutions, community health workers, HRH management: provincial and district coordination, salaries, incentives assessment, performance-based financing assessment)	WHO, DANIDA, GTZ, Clinton Foundation, Swiss, Irish Aid, Italy, Netherlands, DFID, EC, GF support to HR Development Plan
Build capacity of CMAM (Central Medical Stores) in financial management, GF procedures, as well as overall supply chain management	Support medium to long-term TA to support CMAM in GF procurement procedures to ensure ability of GF to utilize CMAM's procurement	Provide financial management and procurement TA for both GF and USG requirements, and continue technical assistance through SCMS	UNICEF and UNFPA support CMAM through the Medicines Working Group.

	system and support direct payment to suppliers, and to provide an enabling environment for future USG use of CMAM's procurement system; support enabling environment for financial management TA to CMAM to eventually manage direct funds from USG; strengthen engagement of other donors in defining support to the sector to leverage additional resources for strengthening CMAM and the system.	USG should increase its direct support to CMAM through direct cooperation based upon the availability of funds.	
Carry out a performance-based financing (PBF) assessment and pilot PBF	Facilitate and actively participate in the process of conducting a PBF assessment and pilot	Support the technical assistance and implementation of the PBF assessment and pilot	
Develop public-private partnerships to diversify health financing	Support an enabling environment for the engagement of the private sector in the design and delivery of health services; support strategies for market segmentation and sustainable financing for commodity procurement	Serve a catalytic role in facilitating coordination between GRM, private sector and civil society in development of these partnerships; support civil society partners in key partnerships where private sector support is leveraged and activities support PEPFAR goals; work with GRM and other donors (UNFPA) to identify opportunities for revenue creation for commodity procurement, leveraging private sector resources	Input to the PBF assessment and pilot design, and support expansion of pilot if appropriate Private sector partners should actively engage in all stages of planning, implementation and monitoring. Private sector should leverage its resources (funding and in-kind) and its expertise in key areas (e.g. marketing,
Ensure activities in support of national prevention, care and treatment goals	Strengthen involvement and engagement of national working groups and SWAp donor groups in		

are considered and documented in government plans (e.g. annual Socio-Economic Plan –PES)	the development of the PES, and ensure that USG activities and goals in line with MOH goals are incorporated in the PES	and identifying other country experiences in this area Participate in donor working groups to ensure activities are considered in the PES	management, communications). UNFPA to support finalization of the integrated commodity security strategy, which includes a component on sustainable financing SWAp donor groups
Objective 2.3 Increase national prevention coordination interventions by engaging civil society, media, and the public and private sectors			
Benchmarks: • National behavior change campaign evaluated by 2014 • Costing of prevention programs by 2014			
Key Activities	**GRM Expected Contributions**	**USG Expected Contributions**	**Other partner expected contributions**
Build capacity of NAC at provincial level to effectively coordinate and plan prevention activities as part of the National Accelerated Prevention Strategy Operational Plan Conduct evaluations and assessments of prevention activities, including costing	Lead coordination of communication working group	Increase the implementation of harmonized strategies with consistent and complementary messages Conduct an external evaluation of USG supported prevention programs with lessons from all components of the combination prevention strategy (behavioral, services, structural)	UNICEF, GIZ, MONASO UNTAM, GIZ
Create and disseminate national evidence-based behavior change communication initiatives at provincial level Strengthen media reporting of consistent and accurate HIV information and behavior change communication	Coordination of evidence-based decision making forums to influence policy, strategy and program development	Increase the use of data and knowledge of resource management to support evidence-based decision making and HIV prevention planning Strengthen the capacity of the nucleus in a national network of HIV technical resources for	UNTAM, GIZ

messaging Provide training to journalists in HIV reporting		combination prevention and advocacy programming Increase the involvement and engagement of media in the innovative coverage of HIV topics Develop a Center of National Excellence based in the Polytechnic University to support quality training in combination prevention	

Objective 2.4 Strengthen the organizational and technical capacity of civil society to improve local and community level response to the HIV epidemic

Benchmarks:

- Civil society participating in national processes until 2012
- Civil society organizations successfully managing donor funding by 2012

Key Activities	GRM Expected Contributions	USG Expected Contributions	Other partner expected contributions
Provide coordinated and targeted capacity building to civil society in the following areas: ○ Financial management and sustainability ○ Project management ○ Human resources management ○ Proposal writing ○ M&E ○ Governance/leadership	Support an enabling environment for civil society to participate and grow	Provide direct grants, sub-grants and intensive capacity-building to civil society organizations and networks in organizational and technical areas; support PLHIV networks through trilateral cooperation with Brazil. Support and facilitate the	DfID, Irish Aid, World Bank, UNDP, UNAIDS, Swedish Embassy,, DANIDA WHO support civil society through grants and capacity-building

○ Policy and advocacy Strengthen coordination of civil participation and technical input into national processes, including strategies, policies, and initiatives Seek out and strengthen joint mechanisms of funding and capacity building for Mozambican civil society (NGOs, CBOs, faith-based organizations, networks, associations) with the participation of all partners Strengthen at all levels, the coordination, participation and technical contribution of the civil society in national processes including strategies, policies and initiatives	Invite meaningful and on-going civil society participation in national processes Engage civil society in decentralized planning and coordination of the response Participation in the creation of mechanisms for a coordinated response Promote meaningful and ongoing participation of civil society in national processes	engagement of local councils in advocacy and decision-making in sub-national processes. Provide capacity-building for civil society organizations in advocacy, leadership and coordination Integrate with other civil society groups of the health sector and social services	UNAIDS, WHO , SIDA
Objective 2.5 Harmonize and strengthen national monitoring and evaluation systems			
Benchmarks: • Key multi-sectoral HIV activities reported annually by 2012			
Key Activities	**GRM Expected Contributions**	**USG Expected Contributions**	**Other partner expected contributions**
Provide coordinated and targeted M&E technical capacity support to NAC at central and provincial levels to ensure national multi-sectoral reporting of HIV activities	NAC coordinates M&E support and plays leading role in implementing its M&E plan	Support NAC's national M&E plan; leverage Brazilian expertise through trilateral cooperation	UNAIDS and Danida support to national M&E plan; Government of Brazil technical support in M&E

VII. HEALTH SYSTEMS STRENGTHENING GOAL

Improve and expand human resources for health

Mozambique is considered to be one of the most severely affected countries by the HRH crisis and has a density of 3 doctors and 21 nurses per 100,000 population (WHO 2006). Additionally, with only 30 social workers at the central level and limited capacity to assess the social worker needs at the provincial and district levels, HR needs within the Ministry of Women and Social Welfare are also high. Inequalities between provinces and district support services, living conditions for healthcare workers, and staff distribution make it difficult to retain quality highly skilled healthcare workers in rural areas.

The joint GRM and USG goal for HRH as part of this PF is a sustainable health workforce, in sufficient numbers and with adequate training, supported by country-led and -owned systems, providing equitable and high-quality health care to Mozambicans. To rapidly scale up the health care work force from 1.26 to 1.87 per 1,000 inhabitants by 2015, particularly mid-level cadres, to increase the quality of care and increase the number of skilled healthcare workers, the GRM and USG strategy is to: 1) increase pre-service training in Mozambican institutions for future health and social welfare workers; 2) conduct assessments to improve incentives and performance to inform policy and programs; 3) develop faculty and curriculum; 4) develop a functional HR information system (HRIS) to support HRH distribution, health workforce planning and management; 5) improve systems for worker retention, deployment, service delivery, supervision, and in-service training within the national system; and 6) revitalize the national community health workers (CHWs) program. Investments in strengthening laboratory, pharmacy, supply chain, and health information systems are intended also to improve the environment in which Mozambican health workers perform their tasks.

The GRM recognizes the need for a HRH retention strategy based on evidence to focus efforts on incentives which retain and sustain quality health workers. The USG intends to partner with the GRM to develop and implement an evidence-based retention package through evaluations such as health care worker costs for advocacy for state budget resources, non-financial incentives, and rural retention. The USG intends to explore opportunities to move all U.S. supported health care workers--currently funded by the U.S. through implementing partners—onto Government of Mozambique payroll systems as a means to strengthen the government's system and to ensure health care workers are captured in HRIS for tracking and planning purposes.

The GRM and the USG have prioritized supporting pre-service training in Mozambican institutions throughout all years of the PF because of the dearth of health care workers, with heavier emphasis on faculty and curriculum development in years 1-3 to create a more robust education and training system in the future.

The USG intends to partner with the GRM to build host government financial management capacity at national and provincial levels. The public health sector is still highly dependent on external resources, or donor support (70% of state health budget and 96% of HIV/AIDS budget in 2010), and the national health budget excludes all U.S. bilateral investments which are twice that of GRM state budget investments. Only a small number of U.S. health investments go directly to the GRM, and none through GRM financial management systems. The USG aims to increase its use of government systems as a way of building a strong and sustainable health system.

In terms of HRH policy, the USG intends to support the GRM in establishing a sustainable funding mechanism for the state budget for CHWs thereby institutionalizing a sustainable solution to the shortage of health workers and promoting a community health approach. GRM Investments in strengthening laboratory, pharmacy, supply chain, and health information systems should also improve the environment in which Mozambican health workers perform their tasks.

Improve commodity procurement and distribution systems

Commodity procurement and distribution systems, under the responsibility of the MOH Center for Medicines and Medical Supplies (CMAM), face several challenges that hamper prevention, care and treatment efforts: weak distribution and stock management systems, warehousing infrastructure deficits; weak capacity of pharmacy and paramedical personnel; and a weak laboratory management information system (LMIS). Therefore, the GRM and USG joint goal is an efficient pharmaceutical and laboratory supply chain at all levels of the health system with current USG-procured commodities transferred to CMAM's procurement system by 2013.

The USG and GRM intend to partner in support of the newly approved Pharmaceutical and Logistic Master Plan (PLMP), the guiding document for the commodity logistic system, to expand CMAM's technical leadership at national and sub-national levels through a strategy that: 1) ensures CMAM's capability to exert true leadership is dependent on its ability to function autonomously and demonstrate flexibility in procurement and contracting mechanisms through legal recognition of CMAM as an autonomous body; 2) strengthens inter-ministerial coordination (CMAM, programs, GF) and donor coordination around commodity procurement, forecasting, planning and implementation; 3) strengthens pre-service training in supply chain management; 4) improves provincial and district level ability to manage and plan for commodity security; 5) provides technical assistance to CMAM to be able to manage all operations as an independent institution; 6) implement a functional LMIS at all levels; and 7) improves warehousing infrastructure at regional and district levels.

In years 1-2 of the PFIP, emphasis is expected to be on development of the LMIS, construction of regional warehouses, and development of curriculum for pharmacy logistics. Technical assistance at all levels is expected throughout the PFIP.

Strengthen national health management information system (HMIS) and surveillance

Quality and timely surveys are the primary means to demonstrate evidence of progress in certain interventions, reveal lack of progress of others, and guide the design of more effective responses. Mozambique currently has a five-year national surveys plan, coordinated by the National Institute for Statistics (NIS), to coordinate data collection activities and allocate resources for surveys etc.

National HIV surveillance and data collection activities are essential to monitoring the PFIP. Therefore, a key component of the PFIP is to coordinate the work of GRM policymakers and other key stakeholders to ensure the collection and use of survey data to advocate for changes in policies, plans, and strategies. This support should be given in the form of technical support and monitoring during all five years of the PFIP. The USG intends to support the Survey of Causes of Mortality (INCAM) and the AIDS Indicator Survey (AIS) in year 1 [on][of?] the PFIP, the Behavioral Surveillance Survey (BSS+) in year 2, and the Demographic Health Survey (DHS) in years 2 and 3 of the PFIP. The USG intends to work closely with GRM to ensure data are available to monitor activities and outcomes.

In addition to data collection to measure the impact of activities, the MOH has a Performance Assessment Framework (PAF) containing output indicators to assess performance against government priorities. The PAF extracts information from the health information system. The USG also intends to support the GRM to develop a health management information system (HMIS) beginning in year 2 of the PFIP.

Improve and expand health infrastructure

The GRM and the USG view physical infrastructure as an integral part of health systems strengthening activities, not only for clinics and hospitals for delivery of HIV services, but also for training institutions, laboratories, and medical commodity warehouses. Areas of greatest need of construction and rehabilitation identified by the GRM are health facilities (including labs and pharmacies), training institutions to support HRH development goals, and the commodity distribution network. USG funding and technical expertise is expected to support the GRM to achieve sector-wide improvements in physical infrastructure quality, which in turn should provide enabling environments for priority health sector activities. The GRM and USG seek to improve coordination and planning of physical infrastructure needs across Ministerial departments and develop long-term and sustainable GRM management of infrastructure investments, including cost contribution, staffing, equipment, and annual operating budgets. The USG, positioned to provide this technical and planning support to the GRM, intends to support the GRM to align public health infrastructure development plans with other health system strengthening and service delivery activities such as human resources for

health activities, expansion of service delivery, and decentralization of services, to ensure synergy and maximum impact of all efforts.

Five-Year Goal III: Strengthen the Mozambican health system, including human resources for health and social action in key areas to support HIV prevention, treatment and care goals	
Sustainability and transition Plans:	Human resources for Health: • Direct funding to training institutions by 2012; provide targeted technical assistance • Increase provincial and district capacity of health management through mentorship, supervision, technical advisors and coordination support by 2013 • Improve MOH ownership and capacity through HRH systems such as HRIS, incentive programs, by 2013 Commodities/Logistics: • Logistics Management Information Systems (LMIS) for all districts implemented at CMAM by December 2013 • All commodities funded by USG procured by CMAM by 2014 • Increase capacity building activities at district and provincial levels Infrastructure: • Infrastructure development plan with recurrent costs reflected on GRM annual plans (PES) by 2011

Objective 3.1: Increase the number of health workers and social workers and improve capacity of training institutions

Benchmarks:

- Develop criteria to evaluate health workers' performance by 2013

Main Activities	GRM Expected Contributions	USG Expected Contributions	Other partner expected Contributions
Provide pre-service to priority health cadres and social workers • Provide scholarships • Develop curriculum • Provide for faculty development • Implement quality assurance program in pre-service institutions Provide scholarships for tertiary education (higher education studies) Expand task shifting • Develop curriculum • Provide pre-service training • Provide Clinical mentorship	Develop training plans that are supported by health sector partners; develop quality assurance programs in pre-service institutions; with USG clinical partners, develop MOU related to facilitation of scholarships and health worker's support fund for 6-12 months after post graduation Continue coordination between HR Department, Department of Medical Assistance and Department of Public Health in the MOH with regard to policy and	Provide scholarships to student health workers in medium and basic level courses; individual scholarships at university and polytechnic institutions; development of curricula for nurses, clinicians, pharmacy, laboratory, faculty development courses for all pre-service training institutions of the MOH; continue to implement standard-based management and recognition programs in pre-service institutions	GF: Round 8: Expand/improve pre-service training institutions, training and salaries of health workers (laboratory, pharmacy, general and MCH nurses, clinicians), training of community health workers and trainers; Private Sector: Public-private partnerships in institutional capacity building including training in management, granting loans to students for opportunities of education and training, sustainable financing and links with private sector businesses (CETA, Parque Nacional da Gorongosa, Vale, Fórum Empresarial

	procedures for task shifting	Develop curricula and educational methodology for development of health worker's skills while in services	Contra o HIV/SIDA).
Objective 3.2: Improve management capacity, motivation and retention of health workers and social workers			
Benchmarks: • Health management course strengthened by 2013 • Develop a system of incentives by 2012 • Develop MOH retention strategy by 2012 • Complete and disseminate the PEPFAR Public Health Evaluations on human resources by 2012 • Conduct Performance-Based Funding assessments and pilot by 2012			
Main Activities	**GRM Expected Contributions**	**USG Expected Contributions**	**Other partner expected Contributions**
Train district health directorates and health facilities in management • Provide in-service training to health personnel at district level in management of health facilities • Provide pre-service management training in pre-service institutions and medical schools • Review training curriculum including the integration of component of management for the different courses • Training of community workers and social workers • Train district health directorates and health facilities in management	Facilitate and participate actively in process of development of management criteria, [coordination the training – garbled] in management Support assessment and review results Continue to recruit new health workers Support the development of in-service training strategy Lead the development of the strategy of retention, including	Develop a strategy of support to training in health facility management Focus on quality assurance/quality improvement and management of minimum standards. Establish a "twinning" program to strengthen courses of health management existing at ISCISA. Initiate and complete the assessment of newly-graduated students, analyze and present the results	Belgium Cooperation (BTC): Program to enhance the capacity of management of HR at district and provincial levels. European Union: Program for strengthening training in management to 1+ Mozambican training institution at intermediate and special intermediate levels. Private Sector: Public-private partnerships in institutional capacity building including training in management, granting loans to students for opportunities of education and training, sustainable financing and links with private sector

• Provide in-service training to health personnel at district level in of health facility management • Provide pre-service management training in pre-service institutions and medical schools Conduct assessment of newly-graduated students from pre-service institutions deployed and working in health facilities, job satisfaction, and reasons to refuse to work in provinces of deployment Provide salary support to newly-graduated students for 6-12 months while awaiting formal recruitment process Develop a national in-service training strategy, provide a targeted and coordinated in-service training to improve motivation and retention Develop an incentive package (financial and non-financial incentives) for health workers and social workers. Implement a pilot intervention on PBF approach in a province(s) TBD by the MOH Contribute to national plan of community health workers through	financial and non-financial incentives. Ensure settling-in allowance Facilitate and participate actively in the process of conducting?] PBF assessment Facilitate and participate actively in the process of designing and expanding PBF MOH to lead the national CHW program and provide program policy, trainers, drugs, other supplies and oversight	Provide salary support at provincial level at salary levels of the Ministry of Health for medium level newly-graduated workers during 6-12 months. In 2011 initiate the increase of focus on retention Support HR Department of MOH to develop the retention strategy and support certain incentives Support technical assistance and implementation of PBF assessment Support technical assistance for designing and expansion of the pilot	businesses (CETA, Parque Nacional da Gorongosa, Vale, Fórum Empresarial Contra o HIV/SIDA). Health sector partners – salary support. Partners of the health sector should be requested to review the results. Support from donors of the Health Sector to incentives. Participate in discussions and in preparation of recommendations to the GRM Round 8 of the GF and World Bank: they support training, supervision and logistics of CHWs; other donors TBD.

training and supervision of CHWs and development of training materials			
Objective 3.3: Improve the system of procurement and distribution of commodities at all levels			
Benchmarks: • Central Medical Stores established as an independent institution (financially and administratively autonomous) by 2012 • Commodities Safety Strategy approved and implemented in collaboration with MOH and UNFPA by 2012 • Transfer the USG contribution for purchase of ARV and other pharmaceutical commodities for the GRM up to 15% each year • Increase the GRM contribution to procure ARV and other pharmaceutical commodities to meet national needs by 2014 • Strategic funding strategy for increasing the financing of the GRM for health commodities by 2011 • Direct use of procurement system of the Central Medical Stores by the USG for all USG commodities by 2014 • Establish a national coordination body with CMAM, programs, and Directorate of Planning and Cooperation for planning and forecast of commodities of the program by 2011			
Main Activities	**GRM Expected Contributions**	**USG Expected Contributions**	**Other partner Contributions**
Complete the preparation and implementation of the logistics and Pharmaceutical Strategic Plan and the Pharmaceutical and Logistics Master Plan (PLMP) Support the development and implementation of logistics management information system (LMIS) Build a new warehouse and renew the existing physical warehouse infrastructure at regional and district level (see Objective 3.5) Provide pre-service training in supply	Ensure financial and administrative autonomy for CMAM (Ensure parastatal status) Support the review of procurement laws to allow flexible contracts with suppliers and long term procurement agreements Approve of the logistics Management Information System (LMIS) (soft or hardcopy) for all commodities Implement security controls in all central warehouses	Ongoing contribution for HIV and other commodity requirements Provide ongoing technical assistance and provision of systems to CMAM and to MOH to implement the PLMP Support the implementation of electronic LMIS (hardware, training, mentorship) Provide ongoing training and TA at provincial, health facility, district and central levels in supply chain management, quantification, procurement	Commodity contributions: GF, Clinton Foundation, UNFPA, UNICEF (nutrition), Belgium-MSF, World Bank Technical assistance/provision of systems: UNFPA, UNICEF, Clinton Foundation, Belgium-MSF

chain management, including the establishment of a specific category of logistics Develop programs and training curriculum for pre-service training in pharmacy logistics by 2012 Provide long and short term technical assistance and skills transfer to Central Medical Stores (CMAM) in quantification, procurement, planning, storage, distribution, M&E, and human resources, financial and administrative management Provide targeted and coordinated technical assistance to provinces and districts for management and planning of the safety of commodities (budgeting, distribution, forecast, M&E) Conduct a pre-award assessment of CMAM and pilot procurement of rapid test kits and drugs for opportunistic infections through CMAM Provide support to the Pharmaceutical Department/National Drug Authority Long-term safety of commodities • Finalize the Commodity Security Strategy • Establish a framework for a formalized structure of cooperation	Ensure sufficient financial resources within PES for central and provincial levels in order to plan appropriately the PLMP and CMAM operations and resources for districts and provinces (supervision, training, vehicles, equipment, etc) Support long-term technical assistance at CMAM in warehouse management in Maputo, Beira, and Nampula (rented and built) Recruit key skilled personnel and appropriate salary ranges CMAM to manage PLMP operations	Contribute to infrastructure needs in collaboration with other donors Cooperation and direct funding to CMAM to manage the operations and carry out key activities, including PLMP Construction of the extension of Zimpeto, extension of Beira and warehouses in the North Renting of warehouses of Nampula until completion of the warehouse in the North Support provincial logistics advisors and increase district and health unit support for pharmaceutical logistics; TA and other support to the pharmaceutical department Continue TA to CMAM and the laboratory department to strengthen the management of laboratory products at all levels of the supply chain	

for strengthening intra-ministerial coordination (Central Medical Stores, programs, GF) and coordination among donors in relation to procurement, forecasting and planning of commodities, and implementation. • Develop a sustainable financial strategy and innovative ideas through PPPs to increase the funding of GRM of HIV and other commodities	(warehouse, handling of materials, Monitory and Evaluation, logistics and laboratory, others) Strengthen the integration of lab logistic management in the central warehouses, including hiring appropriate personnel for management of reagents and lab material. Support the establishment of a formalized framework of coordination which includes the CMAM, MOH Programs, DPC/GF, relevant donors, and implementation partners to coordinate the quantification, monitor the plans of supply and the stock, joint planning of distribution and verify the allocation of resources Develop and approve the integrated strategy for commodities security		
Objective 3.4: Strengthen the national health management information system (HMIS) and surveillance data that enable a reliable measurement of the response to HIV			
Benchmarks: • Standard data collection tools for ART, pre-ART, PMTCT and CT approved by MOH, material available and expansion including in-service training completed by 2012 • National Survey Schedule (completed by National Unit for Statistics) analyzed for detection of gaps by other stakeholders by 2012			

- Develop national HMIS by 2012
- Develop a functional HRIS at MOH by 2013
- Harmonize the USG procurement documentation with PEPFAR indicators and goals to enable the preparation of consistent reports and tracking progress by 2010
- Create a Master Program of Training in Field Epidemiology and Laboratory by 2010
- Complete at least three projects in health computing within the MOH with assistance of UEM/M-OASIS by 2012

Main Activities	GRM Expected Contributions	USG Expected Contributions	Other partner Contributions
Coordinate and target technical assistance for strengthening M&E systems at MOH and MMAS Strengthen M&E systems at central and provincial levels Provide pre and in-service training in strategic information Integrate SI activities into programmatic activities to ensure a consistent reporting and use data for planning Standardize data tools and implement at national level Conduct evaluation of strategic information frameworks and develop a plan for appropriate pre and in-service training	Develop, approve, distribute and provide training for data collection tools and strategies and strategies for clinical services programs Work with available resources to develop a plan for a national health management information system and implement the system	Provide funding and TA at provincial level Provide training in Excel and basic principles of M&E for program personnel Delegate technical working group and SI Members for each technical working group to improve its coordination	UNICEF should provide some TA to MMAS in M&E GF R8 is expected to grant funding for strengthening HMIS at provincial level; GF R9 HIV includes funding for M&E (for example: training in new records and tools, supervision) at health facility and sub-national levels. Increase the involvement in issues of availability of data for monitoring programs through review of the national survey plan
Harmonize the definition of goals and PEPFAR reporting processes with the GRM and with procurement documents for consistent reporting and tracking progress		Review all procurement documents and re-align them as soon as possible within the contract obligations with national reporting deadlines	WHO should provide financial and technical assistance in strategic planning and infrastructure within HMIS of MOH

Engage donors and the GRM in adherence to the national five-year plan for surveys Develop HMIS to improve the global situation of data Implement the Epidemiology and Laboratory (Training Program FELTP) Develop health architecture, mortality systems, develop alternative Modulo Basico system Assess the HRIS and conduct a workshop for development of a new HRIS system Develop a database dictionary to organize and consolidate MOH information to captured on all forms	Develop and facilitate the career scale/career structure of the trainees, after completion of FELTP enabling possible promotion and salary increase based on qualifications of the candidate in an effort to retain the highly skilled field epidemiologists and public health laboratories in public positions Provide guidance and leadership on the ownership and management of the FELTP program	Implement the integrated program of quality assurance of data for clinical services FELTP, UEM MPH support program, M-OASIS informatics colleague support, M&E training support from Trilateral Agreement Give guidance to M-FELTP to ensure effective prevention and control of epidemics and other priority public health problems in the country Provide technical assistance and support to the program including support of field workers and exchange of experiences with other countries Provide reference training material and participate in global monitoring and evaluation of trainees Conduct an analysis of the evaluation and present results Provide support to HRIS development	

Objective 3.5: Improve and expand public health infrastructure			
Benchmarks: • Construct a fully functional National Public Health Reference Laboratory facility by 2013 and start international accreditation process • Construct a new National Pharmaceutical Quality Assurance Laboratory by 2014 and start international accreditation process • Complete National Reference Blood Center in 2011 • Complete rehabilitation and expansion of 3 Military Hospitals by 2014 • Extend 1 Regional Pharmaceutical Warehouse by 2012 and construct new Central and Northern Regional Warehouses by 2013 • Construct 5 District Warehouses by 2014 • Complete 16 Type II Rural Health Centers by 2013 and a further 15 by 2014 • Extend and rehabilitate 20 health facilities, including District Warehouses, by 2014 • Construct 50 houses in rural locations for health staffInstall 8 solar power systems and 8 potable water systems for rural health facilities • The GRM provides land and covers 17% VAT on all construction and renovation projects financed/managed by the USG; takes responsibility of operations, staff, and maintenance upon completion and handover			
Main Activities	**GRM Expected Contributions**	**USG Expected Contributions**	**Other partner expected Contributions**
Construct a fully functional National Public Health Reference Laboratory facility	Approve and finalize the National Health Institute's Strategic Plan, which outlines the functions of the National Public Health Reference Lab. Pursue accreditation process.	The USG should finance and manage the design and engineering	International Association for National Public Health Institutes should support architectural and engineering costs and human capacity development costs. FIOCRUZ is providing technical assistance

Construct a new National Pharmaceutical Quality Assurance Laboratory	Pursue accreditation process. Transform Pharmaceutical Dept. into National Medicines Regulatory Authority.		The 'Promoting the Quality of Medicines' program implemented by the U.S. Pharmacopeia should support the design, specification and subsequent accreditation process.
Complete construction of National Reference Blood Center	Establish National Blood Policy to guide the role and responsibility of the Center	Provide furniture and equipment and information system.	
Conclude the rehabilitation and expansion of Military Hospitals of Chimoio, Boane and Maputo			
Complete the rehabilitation and expansion of Chimoio, Boane, and Maputo Military Hospitals Expand the Zimpeto warehouse and construct a new warehouse in Nampula and Beira		Provide equipment and fixed systems, with exception of racking	UNFPA should provide the supplies, machinery and equipment.

Construct 5 district warehouses		Provide fixed equipment systems, excluding racking Provide fixed equipment systems, including racking and information	
Construct 31 Rural Health Centers	The GRM should provide standard packages of furniture and equipment	Development of design of standard Type II RHC should include potable water, electricity, housing for employees and accommodation for expecting mothers and their attendants	Belgium, Spain, the WB, the EU, Italy, Flemish Cooperation, France are also building and rehabilitating Type II Rural Health Centers
Renovate the physical infrastructure of the existing health facilities to support the integration of HIV services into the national health system as part of the decentralization. Install drinking water and solar power systems	MOH, DPS and DDS employees to participate in the designing, management and supervisions of these projects	Complete 20 renovations of health facilities, including District warehouses, to support the integration of HIV services in the national health system as part of the decentralization.	
Build houses for health staff in rural areas to improve the recruitment, retention and scheduled rotation	GRM to provide furniture and equipment	Build up to 50 houses to accommodate various categories of health professionals.	
Provide? technical assistance to infrastructure development programs		Contract an international group of consulting architects and engineers to provide design, management and oversight support for new USG-funded health infrastructure activities and, upon request, provide technical support to MOH.	

VIII. TREATMENT GOAL

Strengthen national capacity for quality antiretroviral treatment

AIDS-related deaths in 2009 (adults and children combined) totaled 70,500 in 2009. Despite significant efforts to scale-up HIV health services and remarkable achievements, coverage remains low, reaching only 33% of the adult population in need (based on WHO staging and CD4 <200). In order to reach the 2014 target of 5% reduction in AIDS mortality and 57% treatment coverage[10], issues such as sub-optimal cotrimoxazole (CTX) coverage, inconsistent nutritional assessments, poor follow-up of defaulters and weak M&E systems are expected to be addressed as part of this PFIP to continue to expand national capacity to deliver quality HIV treatment services. The USG support is to be provided to the GRM to ensure maximum sustainability and transitioning of key skill sets. Strategies to strengthen national capacity should include standardizing the monitoring of treatment programs and expanding quality management and quality improvement (QA/QI) providing decentralized technical support to provincial and district-level health facilities in management and logistics of commodities, mentoring and supportive supervision, and training to staff. In order to ensure quality treatment, the USG intends to support the GRM in addressing the integration of HIV services and developing a clear plan for decentralization. Policy dialogue between the USG and the GRM should continue to ensure that specialized services for complicated cases of HIV are preserved.

Ensure comprehensive care services for PLHIV

A national evaluation of HIV treatment programs (2004-2007) showed that 57% of patients in HIV settings were screened for TB and 33% received cotrimoxazole prophylaxis (CTX). This data demonstrates the clear need for strengthening of comprehensive care services through improved linkages and integration of treatment and care services. Strategies to address these issues are expected to include linking treatment programs other clinical services such as TB, STI and OI treatment as well as with home-based care, nutritional assessments and counseling, orphans and vulnerable children (OVC) programs, psychological and social support services, and prevention services (such as CT, PMTCT, PP, and condoms). These linkages should be supported during the five years of the PFIP timeframe to ensure a strong bond in continuum of care is established and a family-centered approach promoted. This family-centered approach is intended to ensure that all members of the family, especially women and girl children, receive comprehensive care services.

Improve quality and retention of HIV treatment programs

A national evaluation of HIV treatment programs from 2004 to 2007 demonstrated good patient outcomes with a 79% retention rate of patients from the reported period.

[10] USG calculation, not an official MOH figure.

Despite this achievement, efforts are still needed to strengthen community-facility GRM in improving patient retention to HIV treatment programs through capacity building of facility-based staff in patient adherence; dissemination of ART guidelines in years 1 and 2 of the PF; ongoing support to the GRM to monitor quality care, ARV resistance monitoring, and second line ARVs; and strengthening of commodity management in all five years of the PFIP.

Reduce delayed initiation of treatment

Reduction of delayed initiation of treatment should be accomplished through better follow-up of pre-ART patients and other interventions including: 1) establishing linkages to community services; 2) integration of HIV and related primary health care services (e.g. MCH, adolescent services); 3) scale up of CT including PICT; 4) mobilization of community resources (volunteers at ART sites); and 4) strengthened lab diagnosis and logistics. An assessment of pre-ART services is intended to be conducted in year 2 of the PFIP. The linkages for continuum of comprehensive care programs and improve monitoring systems for loss-to-follow-up that affects retention rates and contributes to abandonment of treatment. The USG intends to support the GRM with technical assistance and financial support to strengthen the patient tracking system for the duration of the PFIP.

Expand diagnosis and early treatment for HIV-infected infants

ART coverage for children in need is currently 28% and the 2015 target is 64%. Although remarkable progress has been made, diagnosis and treatment in children is lagging. The USG intends to support the GRM to expand diagnosis and early treatment for HIV-infected infants through a decentralized system of patient care focusing on integration of pediatric HIV services into existing child health programs and strengthening family-centered care and other services (e.g. MCH, PMTCT, TB, CT, OVC, FP and others). The dissemination of pediatric ART guidelines and trainings of health staff in management, coordination, and monitoring of pediatric care and treatment programs should be done in years 1 and 2 of the PFIP. The strengthening of a comprehensive clinical care package for children – early infant diagnosis (EID), CTX, OI, TB, safe water and hygiene, malaria and diarrhea prevention, immunizations, nutritional assessments, infant feeding counseling, and growth monitoring[–] is expected to be done in all years of the PFIP.

Strengthen laboratory support services for HIV diagnosis and management

The laboratory network in Mozambique continues to face multiple challenges, the most critical of which is the shortage of qualified personnel to staff and manage the laboratory network. Other challenges include: deficient infrastructure; weak commodity supply chain; poor coordination between laboratory and clinical services; absence of National Quality Assurance Program; and absence of expertise in equipment maintenance and repair. In years 1 and 2 of the PFIP, the USG intends to support the GRM in laboratory accreditation, construction of a National Public Health Reference Lab,

and trainings for in-service courses and mentoring of laboratory clinicians. A focus during the five year span of the PFIP should be on improving quality assurance systems and building capacity at decentralized levels for management and logistical skills in laboratory commodities. The USG intends to work with the GRM in addressing a key policy issue of virological monitoring of HIV positive patients and support an evaluation in year 2 of the PFIP to assess the viral load testing in patient management to inform the need for further roll-out.

Five Year Goal IV: To improve access to quality HIV treatment services for adults and children			
Sustainability and Transition Plans	• Build local capacity to promote local ownership and sustainability through mentoring, pre/in-service training, supportive supervision • Decentralization of pediatric HIV services (revision and dissemination of national guidelines, training, mentoring and supervision) by 2013 • Progressively transition/transfer program activities of clinical care and treatment including HRH, patient tracking, M&E, infrastructure, purchase and management of equipment from international implementation partners to GRM and/or local organizations by 2014		
Objective 4.1 Strengthen the national capacity to increase the numbers of persons receiving quality antiretroviral treatment			
Benchmarks: • Treatment programs establish standardized monitoring tools and systems by 2013 • National QA/QI program established by 2012 • Standard national patient tracking systems (hardcopy and softcopy) established by 2013 • National strategy for retention of patients in treatment and care established by 2012			
Key Activities	**GRM Expected Contributions**	**USG Expected Contributions**	**Other partner expected contributions**
Standardize monitoring of treatment programs	Develop and lead the implementation of a national strategy for patient tracking systems at all levels of the heath system	Support MOH to develop a comprehensive patient monitoring system Align partner monitoring systems and utilizing national registers and logbooks as the basis of those monitoring system	WFP UNICEF CHAI MSF Medicus del Mundi (Portugal and Spain) WHO Saint Egidio
Support task-shifting of clinical, counseling, and psychological services	Develop a task shifting strategy for provision of ART service from Medical Technicians to nurses Review and disseminate training	Fund a provincial pharmacy, clinical, laboratory, M&E and logistics advisor in every province. Funding a GF advisor to coordinate GFTAM and USG funding streams and	

	materials that enable task shifting; and involve a task shifting strategy for provision of ART from Clinical Officers to MCH nurses	commodities procurement. Funding SCMS to provide to CMAM	
Support decentralization plan for pediatric ART (capacity building of HR, lab, pharmacy, equipment, infrastructure) Provide capacity building support for coordination and management of training, mentoring, and supervision Provide capacity building support at provincial and district level for management and logistics of laboratory commodities, ARV drugs Provide training of physicians and clinical officers in mentoring and supportive supervision	Define the roles of technicians responsible for supporting adherence to counseling and testing in health facilities and in the community; Plan the resources necessary to support this strategy Define a cadre that can be absorbed by the system i.e. psychologists Review the MOH budget to ensure absorption of all cadres already trained in the peripheral levels Develop mechanisms to monitor and provide TA to provinces for training and supervision activities Coordinate training activities and ensure that all training materials are updated		

	Provide skilled (logistical) human resources to ensure the management of commodities at central level and in each province Establish forums for involvement of the community and civil society in assurance of availability and accountability of the use and management of drugs in public health system public Engage civil society in key decision-making processes	Support the development of pediatric training curricula; supporting the training of trainers for pediatric ART	
Expand PICT services for children (in out-patient sites, TB clinics, nutrition services), systematic testing of children of adult patients		Encourage all USG-funded clinical partners to establish systems to realize PICT for children.	
Expand HIVQUAL	Define, finalize and implement the QA/QI strategy at all levels of the health service	Continue to fund QA/QI activities directly. QA/QI activities expanding to include PMTCT and pediatric ART in early 2010 Fund a partner to coordinate the clinical tutoring and clinical mentoring program currently active throughout the country. Encouraging coordination between clinical mentoring activities and QA/QI activities. Encourage USG-funded partners to closely coordinate all QA/QI activities	

		with HIVQUAL	
Objective 4.2 Ensure HIV positive patients receive comprehensive care services			
Benchmarks: • Consensus reached among service providers on minimum package of services by 2010 • Family centered approach fully operational by 2012			
Key Activities	**GRM Expected Contributions**	**USG Expected Contributions**	**Other partner expected contributions**
Reach consensus on minimum package of services and standards (prevention, CT,PP, TB, ART, OI, PMTCT) Create and/or strengthen linkages between HIV care and treatment programs and non-clinical services including: • Home based care programs • Orphans and vulnerable children programs Create and/or strengthen linkages between HIV care and treatment programs and other **clinical** services including: • Nutritional screening and rehabilitation programs • Psychological and social support	Define the minimum package implementation strategy per implementation level Joint government-civil society ownership of this programmatic area Establish legal mechanisms that legitimate the implementation of community programs in Mozambique by local organizations. International organizations to play a capacity building for a limited time period to enable the creation of sustainable programs Mass capacity building of populations in food conservation Define support strategies and funding mechanisms for community	Provide technical, financial, training, mentoring and supervisory support in the areas of HIV/TB prevention, CT,PWP, TB, ART, OI and PMTCT USG partners entering sub-arrangements with CBOs and NGOs that are providing HBC to patients seen in the clinical sites they are supporting Improve screening of patients to identify OVCs Coordinate activities to enable a comprehensive package of HIV and non-HIV related services to be provided Report on nutritional screening programs and improve linkages to nutritional rehabilitation programs and community based feeding	WFP UNICEF CHAI MSF Medicus del Mundi (Portugal and Spain) WHO Saint Egidio

services • Prevention services: CT, PP, PMTCT, condoms • Other clinical services: TB, STI, OI treatment • Family centered clinical programs	incentives for improving the nutritional status, psychosocial support and links between health services and the community	programs Support counseling and testing, PMTCT, STI screening and treatment and OI screening, management and treatment activities Provide technical assistance to strengthen TB /HIV collaborative activities Procurement, logistics and distribution as well as social marketing of Jeito condoms for the GRM Increase the number of children as a proportion of patients cared for and support the implementation of a family-centered approach to HIV-care and treatment	
Objective 4.3 Improve the quality and retention of HIV treatment programs at different levels			
Benchmarks: • Increase of the number of health facilities participating in QA/QI HIV programs by 2014 • Package of basic care of HIV services (Cotrimoxazole, nutritional support, malaria prevention) defined support for ART and pre-ART patients for all levels of provision of services by 2014 • Patient tracking systems implemented (paper based and electronic) in all health units providing ART/Pre-ART services by 2012			
Key Activities	**GRM Expected Contributions**	**USG Expected Contributions**	**Other partner expected contributions**
Provide capacity building support to ensure patient adherence to treatment and prophylactic regimens in clinical and community settings	Define a human resources plan that includes the necessary health cadres, retention and incentives for health providers at community and	Finance key staff positions to address gaps in human resources at existing health facilities and DPSs	WFP UNICEF CHAI MSF

Support task shifting of ART services to lower level cadres Disseminate new ART guidelines to healthcare workers Develop IEC materials on care and treatment including adherence Develop tools and mechanisms to monitor quality of care and treatment services (registers, paper and electronic tracking) Conduct periodic national ART program evaluations	facility levels Develop a strategy for transfer of ART administration tasks from Clinical Officers to MCH nurses, which include the development of training curriculum, supervision and monitory in ART Develop an implementation plan and dissemination of new guidelines for decentralization of health and community sectors; ensure that provinces are capacitated to lead the implementation in the provinces Review and update communication materials, records and M&E tools Disseminate and supervise the use of these tools; establish a forum for sharing and review the results of monitoring of the program and QI activities Lead the process of definition of key questions for evaluation of the program with view to defining areas of improvement Engage the civil society in key	Provide technical and financial support for in service training, clinical mentoring and technical meetings of pharmacists, clinicians, and the community Support hiring of provincial clinical advisors to oversee HIV programs in each province Provide technical assistance to the GRM for content revision of HIV care and treatment reference and training materials, IEC materials for use by health providers at all levels of service delivery Financial and technical support to develop comprehensive monitoring and reporting instruments for HIV programs in Mozambique. Provide resources for implementation of HIVQUAL program at existing HIV clinical sites Monitor partner performance and share best practices to inform the national program	Medicus del Mundi (Portugal and Spain) WHO Saint Egidio SIC All the Donors that contribute to Prosaude

Provide Psychosocial support for all HIV infected individuals receiving ART	decision-making processes	Implement the electronic and paper based patient tracking systems Provide financial and technical support for periodic national ART program evaluations Provide technical and financial support for in service training, for clinicians and other health cadre in psychosocial support services	
Objective 4.4 Reduce the delayed initiation of treatment through better follow-up of pre-ART patients and other interventions			
Benchmarks: • Increased number of individuals in pre-ART care initiating ART • Implementation of pre-ART service Package in all health facilities by 2012 • Screening systems implemented (hardcopy and softcopy) in all health facilities that provide ART/pre-ART services by 2012			
Key Activities	**GRM Expected Contributions**	**USG Expected Contributions**	**Other partner expected contributions**
Implementation of screening, diagnosis and management of opportunistic infections associated with HIV	Develop an implementation plan for provision of HIV services at all levels of the health care system Plan and lead the provision of food baskets for chronic patients Develop tools to monitor and implement the nutritional assessments and counseling for	Provide technical assistance financial, and training of human resources to assure the availability of minimum care packages for HIV infected persons Technical and financial support for logistics and procurement of non ART commodities	

Provide nutrition support for HIV infected individuals	chronic patients in the community and health facilities	Support nutritional assessment and counseling and education for HIV positive patients at service sites, Procurement of weight and height scales for use in health facilities as needed	
	Define the role of the community and health workers (lay counselor) to support the CT		
	Review pre-service and in-service training material; implement the training at central and provincial levels	Support training of counselors, health service providers, traditional healers including community leaders in adherence support, psychosocial support and patient follow up	
Provide Psychosocial support for all HIV infected individuals in clinical and community settings	Conduct the supervision of the activities		
		Identify and build organizational, financial and program management capacity of existing and new civil society groups involved in HIV community level activities.	
	Provide a forum for civil society to monitor and evaluate the quality of services provided		
	Provide accreditation of the sites for provision of ART		
	Approve policies and curricula that enable the transfer of tasks of	Provide resources to motivate community workers involved in active patient follow up	
Improve follow up of patients receiving			

ART and pre-ART services Build health workers capacity to provide quality HIV services within health facilities Increase the number of health facilities providing comprehensive HIV services Improved M&E of pre-ART care	provision of ART to MCH nurses Develop a strategy to ensure a strong community involvement in HIV prevention activities Disseminate M&E tools for supervision of pre-ART patients and train health workers in their use Approve prevention guidelines with HIV+ people including training material and M&E tools	Implement any GRM-approved patient tracking systems (paper based and electronic) for Pre-ART patients Provide technical assistance for revision of guidelines, algorithms and training materials Provide financial and technical support to train health care providers in HIV management Provide training mentorship and supervision of service provision at health units Provide support (technical and financial) for infrastructure improvements and human resources necessary to support provision of comprehensive HIV services at various levels of the health sector. Strengthen and routinely report on pre-ART indicators(cotrimoxazole	

		prophylaxis, TB, nutrition,, PP)	
Integrate positive prevention initiatives into ART programs	Implement QI/QA activities as set out in the approved national strategy	Provide training in Positive Prevention/Capacity building of health care workers and counselors Ensure that every clinical encounter with HIV+ individuals includes a comprehensive standardized package aimed at minimizing onward transmission of HIV. Ideally, all health facilities would initiate positive prevention; however, this program is expected initially to target PEPFAR-supported health units. Ensure that every health facility that offers ART services also includes a strong linkage and referral system to community support groups and other local support services where available. Conduct rigorous public health evaluations to evaluate the effectiveness of current and planned PP interventions	
Monitor quality and implementation of		Ensure monitoring of Next Generation Indicators for Positive	

pre-ART services and retention of patients in care		Prevention Provide technical and financial support for evaluation of pre-ART care	
Objective 4.5 Expand diagnosis and early treatment for HIV-infected infants			
Benchmarks: • Pediatric ART decentralization plan completed by 2012 • Pediatric guidelines and job aides disseminated by 2011 • Pediatric job aids on Cotrimoxazole Prophylaxis by 2010 • Pediatric TB guidelines and job aids disseminated by 2010			
Key Activities	**GRM Expected Contributions**	**USG Expected Contributions**	**Other partner expected contributions**
Build capacity of clinicians, technical officers and MCH nurses in early infant initiation of HIV care and ART services Disseminate pediatric ART /TB guidelines and job aids Implement psychosocial support activities for children and their families	Develop curriculum to train nurses in pediatric ART Approve polices of task shifting of pediatric ART from clinical officers to MCH nurses Develop and disseminate work aids and reference materials for care and treatment of pediatric HIV including pediatric ART and TB Define roles, functions and financing of community health workers, including lay counselors involved in provision of family-centered psychosocial support	Provide TA and fund in-service training, mentoring and supportive supervisions in HIV early infant diagnosis care and treatment services for clinicians, technical officers and MCH nurses Provide TA for revision and update of national guidelines, training materials and job aids; funding for printing, reproduction and distribution Fund, train, and mentor and support supervisions of clinicians, technical officers, MCH nurses and other health cadres on psychosocial support matters	WFP UNICEF CHAI MSF Medicus del Mundi (Portugal and Spain) WHO Saint Egidio SIC All the Donors that contribute to PROSAUDE

Establish functional referral system of care and treatment services for HIV-infected children, and their families (within the health facility) Expand EID and increase infant follow-up from PMTCT Strengthen comprehensive clinical care package (EID, cotrimoxazole prophylaxis, OI, TB, safe water and	Define patient flow systems per health facility and type of health centers Define standard of systems of referral of children infected and exposed to HIV within the health facilities Develop a strategy to improve the integration of MCH and PMTCT services; supervise activities and ensure availability of supplies, resources and training for EID in all health facilities. Develop an implementation plan for provision of packages of pediatrics HIV services at all levels of health care and with a link to community and other programs. Implement the Package of integrated services that ensure the linkage between services and appropriate referrals to health facilities.	Provide TA and funding for MCH nurses in service training, mentoring and supportive supervisions to implement PMTCT, MCH flow charts, to implement the new child health card Rehabilitate regional laboratories to accommodate DNA PCR technology Procure equipment for DNA PCR laboratories Fund TA for network, selection of	UNITAID (via Clinton Foundation) funding for reagents and consumables for EID. Clinton Foundation TA for implementation of SMS technology for returning EID results to site of specimen collection.

hygiene, malaria and diarrhea prevention, growth development monitoring, immunizations, nutritional assessment, infant feeding counseling and support)	Approve task shifting policies of pediatric ART from Clinical Officers to MCH nurses	testing platform, EQA program and technical training Fund implementation of SMS technology for returning EID results to site of specimen collection Provide partial funding for reagents and consumables Reinforce infant follow-up through improved health facility and community linkages. Systematic identification of HIV exposure at all entry points (PMTCT, child health and HIV programs) and establishment of improved adequate referral system between HIV prevention, care, treatment, TB/HIV, nutrition, lab and counseling Fund training and supportive supervisions of MCH nurses, in EID; management of OI including cotrimoxazole prophylaxis; Infant feeding assessment and support; support training to perform routine nutritional screening and link the eligible children to therapeutic food (e.g. Plumpy' Nut) or supplementary food, e.g. corn soy-blend, to implement systematic PICT at all points of contact within health	

		system including pediatric in and out-patient, TB, nutrition, immunization and CCRs and services Provide technical assistance and funding for training for TB screening, diagnosis and treatment Distribute ITNs for all under five including funding for logistics, storage and distribution of the basic care kit Provide TA for the development of job aids on cotrimoxazole prophylaxis	
Objective 4.6 Strengthen laboratory support services for HIV diagnosis and management			
Benchmarks: • Tiered laboratory network established by 2013 • Regional referral laboratories established by 2013 • Lab equipment maintenance training program established by 2013 • Curriculum revised by 2012 • Six labs have at least two WHO accreditation stars by 2012			
Key Activities	**GRM Expected Contributions**	**USG Expected Contributions**	**Other partner expected contributions**

Establish quality assured, tiered laboratory network	Appoint quality provincial focal points Define standards and incorporate them into the National Laboratory Policy Lead the process for the establishment of the system of referral of specimens Lead the adoption of the Strengthening of Management of Laboratory Towards Accreditation (SLMTA) and its implementation in the reference laboratories and selected clinics	Provide mentorship to the National Quality Manager. Support the training of provincial quality focal points. Provide TA for establishment of the National Laboratory Policy. Support the implementation of SLMTA as a training tool for implementation of improvement of the quality of the lab in the national network of labs. Provide TA for the establishment of a specimen referral system in each province	Clinton Foundation should support the establishment of the SMS system to return the test results referred to the specimen collection site. WHO-AFRO should support the training of lab appraisers who will conduct periodic assessments of labs to the extent the labs work towards accreditations.
Establish a National Public Health Reference Laboratory	Implement the National Health Institute (INS) Strategic Plan, which sets out the role of the National Public Health Reference Laboratory. Secure land for construction of a new lab. Develop a human resources plan for the new lab.	Fund the construction of the National Public Health Reference Laboratory. Provide training and mentorship to the National Reference Laboratory staff. Support management programs of external quality assurance.	The International Association of National Institutes of Public Health (IANPHI) and FIOCRUZ should provide TA to INS to finalize the strategic plan, the human resources plan, and finance, and finance human capacity building activities in accordance with HR plan. IANPHI should finance the costs of architecture and engineering for the National Public Health Reference Laboratories.
Strengthen ARV resistance monitoring, introduction of viral load	Lead the process of definition of the system of specimen referral and approve the menu of tests for referral laboratories. Define the functions of public health of the	Provide TA for assessment and selection of VL platforms. Finance the training of lab technicians to conduct VL. Finance referral of specimen to VL. Finance the EQA program for VL.	Clinton Foundation should support with SMS technology for returning VL

	regional reference labs. Participate in the process of review and approve the competence-based improved curriculum. Prioritize the sites for infrastructure improvements. Hire dedicated	Finance the training of lab technicians to conduct ARV resistance tests	results to the specimen collection sites. UNITAID may support in VL reagents.
Develop regional laboratories for referral centers	faculty for lab courses. Identify and prioritize staff for training. Distribute the trained staff through all lab networks. Increase participation and responsibility by facilitating training courses.	Provide TA for definition of the menu of the tests for regional reference labs. Support the training of lab technicians to be able to conduct tests set out for regional reference labs. Provide funding for equipment and reagents to support the tests menu. Support the program FELTP to strengthen the public health functions of the regional reference labs.	WHO-AFRO provides TA for definition of the role of regional reference labs.
Revise and improve existing pre-service training.	Set out requirements of the lab information system. Decide on the sites for installation of the LIS. Decide on hiring ICT professionals to support the LIS. Approve the format of paper of LIS.	Evaluate and review the medium and higher level curricula. Improve lab training infrastructures. Provide salary support to newly-hired and dedicated faculty. Provide mentorship to the faculty of lab courses. Provide manuals and reference materials to the libraries of the Health Sciences Institutes.	JICA is supporting the improvements of infrastructure in training institutions and supporting the production of faculty development materials at central level.
		Finance trainings both in country and overseas for lab staff both in	

Support in-service training for laboratory staff.		technical skills and management. Translate the training curricula and transfer them to the property of MOH. Develop local trainers to create sustainability.	MSF provides laboratorial mentorship in Tete Province. The Catholic University supports the training in lab in Sofala Province. The Cuban Government supports the TA and training in the workplace in selected labs.
Expand lab information system		Support the installation of LIS and training of lab personnel in the use of and maintenance of the LIS. Support the maintenance of the LIS and develop the sustainability plan for LIS. Support the finalization and implementation of LIS in paper. Provide TA at the central level for use of data collected from LIS to monitor and manage the network of labs	Clinton Foundation provides TA to connect the LIS to SMS technology for returning the lab results to the site of collection of the specimen

IX. IMPACT MITIGATION AND SUPPORT GOAL

Strengthen national capacity to increase access to a continuum of HIV care services and promote effective referral systems

One of the challenges in the implementation of a continuum of care services is the limited capacity of MMAS to respond to the enormous demand for social services given a shortage of trained personnel, lack of service delivery standards for social workers, poor coordination with the Ministry of Health, and overall weak institutional capacity to plan and launch an effective response to addressing the need of socially vulnerable populations. Ensuring linkages between care and treatment programs is an essential component in ensuring the continuum of care; therefore the USG intends to support the GRM in building capacity to strengthen linkages and effective referrals between clinical and community programs (PMTCT, TB, CT, HBC) and provide quality service delivery throughout the duration of the PFIP. Capacity building of MMAS to improve management, oversight, and monitoring and HR capacity should be a strong focus in the initial years of the PFIP.

Improve nutritional status of PLHIV and HIV affected households

Supportive services to PLHIV and HIV-affected households are necessary to improve patient outcomes and increase retention of HIV treatment programs. Throughout the five years of the PFIP, the USG intends to support the GRM in strengthening food and nutrition interventions for pre-ART and ART patients through nutritional assessments, counseling, provision of specialized food products, and micronutrient supplementation. The USG intends to support the GRM in reviewing the current policy for the provision of nutrition support to ensure a policy that is financially sustainable and technically sound. National guidelines for nutritional rehabilitation and nutritional assessments in year 2 of the PFIP should provide the support for policy review.

Provide quality essential services to PLHIV and their households

Defining minimum standards of care for orphans and vulnerable children is a first step in providing comprehensive services to one group of those affected by HIV. The GRM and USG intend to provide support in defining these standards in the first two years of the PFIP. The USG also intends to support the GRM in providing comprehensive services to PLHIV and their households such as cotrimoxazole prophylaxis, safe water, TB screening, cervical cancer screening, STI diagnosis and treatment, while striving for meaningful involvement of PLHIV in these clinical services and community-based services such as prevention with positives programming, stigma reduction, adherence support and other psychological and social support.

Promote legal and social rights of PLHIV, OVC, and other affected households

The GRM has approved three laws related to child welfare and protection - the Children's Act, Anti-trafficking Act against Women and Children, and the Minor Jurisdictional Organizational Act - and has recently signed as anti-discrimination law for PLHIV. Increased widespread awareness regarding the provisions of these laws is needed as is effective implementation of these laws at all levels in order to guarantee that the rights of women, children, and PLHIV are protected. The USG intends to support the GRM in the implementation and monitoring of these laws for the duration of the PFIP period. Synergies should be fostered with anti-trafficking and child exploitation initiatives and the USG intends to support the GRM in the promotion of the child protection framework in year two. A focus on strengthening monitoring and evaluation systems for OVC is expected in year 2 and onward of the PFIP.

Strengthen economic capacity of vulnerable families and individuals

Strengthening the economic capacity of vulnerable families and individuals has been recognized as being critical towards reducing household's vulnerability to HIV. The USG intends to support the GRM to develop economic strengthening interventions, especially for girls, through public-private partnerships such as internships, village savings plans, and microfinance to mitigate the economic effects of HIV. These interventions should be carried out throughout the duration of the PFIP, with the most emphasis in years 2 and onward.

Five Year Goal V: Ensure care and support for pregnant women, adults and children infected or affected by HIV in communities and health systems	
Sustainability and Transition Plans:	Build local capacity, promote local ownership and sustainability of programs through intensive organizational and technical capacity building for local/community-based organizations providing direct care and support services to PLHIV; Transition from direct service provision to provincial and district support through mentoring and supportive supervision Transition: ○ Treatment adherence support by 2011 ○ Community based care and support (nutrition, psychological) by 2011 ○ TA to MOH and MMAS for quality service delivery by 2013

Objective 5.1: Strengthen national capacity to increase access to a continuum of care services and promote effective referral system

Benchmarks:

- 125 MMAS District Focal Points trained by 2011

Key Activities	GOM Expected Contributions	USG Expected Contributions	Other partner expected contributions
Provide quality service delivery for: patient adherence, prophylactic regimens, standardize monitoring of care and support programs Improve management, oversight, monitoring and HR capacity of health and social workers Strengthen linkages and effective referrals between clinical and community programs (PMTCT, TB, CT, HBC, child survival interventions) Establish linkages with education initiatives to ensure promotion of education of girls	In Coordination with MOH train 125 Focal points; Train Para-social worker to respond the need at district level MINAG: Train agricultural extension workers NAC: Train multisectoral focal points (to work directly with district administrator)	Build capacity of MMAS focal points in planning and coordination, M&E, and supervision Provide TA for curriculum development and training to MMAS social worker cadre Integrate gender component into all OVC and HBC activities Support to SDMAS through partners to strengthen coordination capacity of Focal Points All USG implementing partners directed to establish MOU and map referral systems & process to ensure effective referrals	UNICEF – To conduct a children protection system mapping of MMAS UNICEF – Funds technical support to DPMAS UNICEF – Training in psychosocial support for technical staff

		USG implementing partners provide TA in financial and program management and implementation to local organizations	

Objective 5.2: Improve nutritional status of PLHIV and HIV affected households

Benchmarks:

- At least 8% of patients HIV+ patients have had a nutritional assessment by 2013
- 55% of eligible patients receive nutritional support based on clinical evaluation by 2013

Key Activities	GOM Expected Contributions	USG Expected Contributions	Other partner expected contributions
Provide support for food and nutrition interventions for pre-ART and ART (nutritional assessments; counseling, and nutritional education,; provision of specialized food products; micronutrient supplementation; and provision of household water treatment) .	Ensure the distribution of Food Baskets Monitor food and nutrition activities being implemented by different partners Implementation of Nutritional Rehabilitation Program Implementation of Multisectoral Action Plan for chronic malnutrition reduction National Program of Productive Social Action	Provide TA, training and job aids to provincial level MOH and implementing partners Provide TA, training and job aids for provincial level MOH community and facility-based interventions for pregnant lactating women and infants (IYCN) All community-based activities for HIV to include community-based nutrition component as well as economic strengthening and agriculture initiatives to reduce long term food insecurity (community care implementing partners) Linkage to Title II (agriculture) program in 3 northern provinces to reduce malnutrition in children under 5 and pregnant lactating women	GF: Round 9-nutritional support (counseling, food baskets) WFP: Nutritional support World Bank: Supports food baskets

		Provide short term food support provided to PLHIV based on clinical assessment Distribute safe water systems and education of safe water treatment and hygiene practices integrated into all community care activities	
Objective 5.3: Provide high quality essential services to PLHIV and their households			
Benchmarks: • OVC Minimum standards developed, widely disseminated and implemented until end of 2012 • HBC Minimum standards developed, widely disseminated and implemented until end of 2013 • 125 MMAS District Focal Points trained by 2011 • 5,000 female OVCs are enrolled in secondary school by 2013 • 40% of home based care patients with access to treatment and safe water by 2013			
Key Activities	**GOM Expected Contributions**	**USG Expected Contributions**	**Other partner expected contributions**

Provide comprehensive community and clinical services for PLHIV (cotrimoxazole prophylaxis, safe water, TB screening, malaria and diarrhea prevention, nutrition support, positive prevention, cervical cancer screening, STI diagnosis, treatment, and prevention) Provide psychological and social support for children and families Promote meaningful involvement of PLHIV in community/facility based care interventions (positive prevention, stigma reduction, adherence support, advocacy) Promote and increase demand for essential commodities (nets, water, cotrimoxazole, IEC materials) Engage boys and men in OVC/HBC and pre-natal care	Develop a Policy strategy for HBC activities in Mozambique for the next 5 years Support training of trainers	Convene a national stakeholder's meeting to identify and address bottlenecks and programmatic challenges regarding the provision of CTX as part of the basic care package and identify the best ways to strengthen the M&E/surveillance systems in area of OIs Provide support for training and dissemination of revised HBC manual Provide support for revitalization of CHWs program Provide support to MOH and other stakeholders in the development of minimum service standards for HBC which include clear criteria for service, facilitating M&E and ensuring quality Provide support to MMAS and other stakeholders to finalize, disseminate and implement minimum service standards for OVC Support MMAS in launching the first Home Visit Manual Provide support to MMAS and MOH in determining costs of interventions to inform decisions about cost-effective programming	GF: Round 9 civil society-psychological support, stigma and discrimination reduction, capacity building of CSOs; DFID UNICEF

		Distribution of Certeza, soap and IEC materials, prioritizing pregnant women and OVC households with children under 5 IEC materials distributed through OVC and PLHIV programs include IEC materials on positive prevention, family planning, cotrimoxazole, nutrition, treatment adherence, malaria, and HIV and diarrhea prevention All OVC programs include information to caregivers about the importance of girls education Provide education support through OVC programs to facilitate school attendance	
Objective 5.4: Promote legal and social rights of PLHIV, OVC, and other affected individuals			
Benchmarks: See policy tracking tables			
Key Activities	**GOM Expected Contributions**	**USG Expected Contributions**	**Other partner expected contributions**
Promote Child Protection Framework Revise laws: 12/2009 and 5/2002	MT and MJ : Dissemination and implementation of laws SETSAN : In partnership with FAO production of the law for rights to adequate food	Support dissemination of legislation protecting rights of PLHIV, women and children through community based structures Assist the PLHIV and OVC with program planning and implementation	ILO: Technical support for the Parliament on the review and support to Government Regulations UNAIDS: Promotion of PLHIV rights FAO: support to right to adequate law

		Build capacity of PLHIV associations in advocacy Build organizational development capacity of local PLHIV associations	
Objectives 5.5: Mitigate the socio-economic effects of HIV by strengthening the economic capacity of vulnerable families and individuals			
Benchmarks: • 1,000 of OVCs and PLHIV trained and placed in a job by 2013 • 7,000 of OVCs adn PLHIV trained in microenterprise and with iniciated activities by 2013 • 2,500 of participants involved in internships by 2013 • 5,000 new businesses initiated or expanded by 2013			
Key Activities	**GOM Expected Contributions**	**USG Expected Contributions**	**Other partner expected contributions**
Develop appropriate economic strengthening interventions for PLHIV and OVC (village savings plans, microfinance, microenterprise development) with attention to gender issues Establish public-private partnerships to create opportunities for skills acquisition, services and products Create linkages between PEPFAR funded activities and non-PEPFAR (microenterprise development, agri-business, value-chain development	Allocate funds from public investment (7 million MT)	All activities providing care and support to OVC and PLHIV include strong component in economic strengthening Specific OVC activities target adolescent youth	

projects)			

X. FINANCING THE RESPONSE

The GRM anticipates conducting a costing evaluation by 2012 to better understand the financial resources needed to achieve goals outlined in the newly approved NSP. This exercise should ensure that the GRM is able to effectively utilize and leverage available resources and enhance sustainability and the GRM, USG, and other donors intend to better plan the use of available resources.

While priorities are in a balanced approach to funding of prevention, treatment, impact mitigation, and health systems strengthening, the GRM and USG intend to increase contributions in prevention programming (sexual prevention, PMTCT, MC, CT, biomedical) to reduce HIV prevalence rates and reduce the likelihood of future need of treatment. In addition, an increase in financial and technical resources to strengthen the health system, particularly human resources for health, are essential investments early on in this PFIP. The USG intends to reduce its financing of pharmaceutical commodities and direct more USG support to technical support and capacity building efforts. The USG intends to work with the GRM to increase utilization of GF and other resources and leverage more sustainable resources for the purchase of pharmaceutical commodities.

XI. MONITORING AND EVALUATION

Mozambique actively works to support the "Three Ones" of which one country-level monitoring and evaluation system is a part. The collection of consistent, accurate and up- to-date data to inform programs is a priority for the GRM and the USG. Overall, the USG and GRM are jointly dedicated to monitoring data collection and surveillance processes as part of the PFIP in support of the national data collection plan.

Monitoring and Evaluation of the PF should occur using both national and USG processes, using both high-level NSP indicators and PEPFAR indicators to monitor the PFIP until indicators are harmonized by 2011. The GRM and USG intend to monitor the PF through two avenues- through existing in-country coordination and planning structures and through bi-lateral monitoring activities with the GRM. Mozambique has a history of strong coordination mechanisms between donors, civil society and private sector partners and the GRM to harmonize planning, reporting, and monitoring processes. The monitoring of the PFIP should align as much as possible with existing mechanisms to monitor progress on programmatic, policy, and budgetary plans of signatories. The GRM bi-annual review process-the Joint Annual Evaluation and Mid-Term review is expected to include a review of targets, financial contributions, cost efficiencies, and progress in transitioning ownership to local institutions. The alignment with GRM review processes should ensure USG initiatives are integrated into the national response and monitoring of progress is part of an annual government process which promotes sustainability and country ownership. The PEPFAR Annual Review Process reported to the U.S. Congress is also a key moment where GRM and USG intend to reflect on the previous year's progress against PFIP goals and objectives. USG presence in key coordination structures necessary for PFIP monitoring include the HIV partners' forum and pre-partners forum, Health Partners Group, and the Joint Coordinating Committee (CCC) along with technical working groups (monitoring and evaluation, communication, human resources, gender, etc.) See Annex 7 for more details on coordination structures and participation.

In addition to existing coordination mechanisms, the GRM and USG intend to hold additional bi-lateral meetings to ensure monitoring of the PFIP. The National Directors Meeting between the USG and Ministry of Health directors is the forum where progress on shared objectives described in the PFIP are to be monitored. Additional steering committee meetings composed of stakeholders who participated in the development of the PF are expected to be held in June and December of each year of the PF.

XII. ANNEXES

Annex 1: Policy Oversight, Roles and Responsibilities

Ministry or Department	Roles and Responsibilities
Ministry of Health	• Responsible for policy development and delivery of services of primary, secondary, and tertiary health care systems; Main partner in prevention including PMTCT, biomedical, CT (Goal I), systems strengthening (Goal 3), treatment (Goal 4) goals; lead in strategic development of health program and policy setting
National AIDS Council	• Responsible for the coordination of the multisectoral response to HIV; policy development and advocacy for access to HIV services and mainstreaming HIV into sectoral responses; Main partner in reduction of HIV infections (Goal 1) and strengthening of multisectoral response goals (Goal 2)
Ministry of Women and Social Welfare	• Responsible for policy development of women, children, and vulnerable populations and facilitating the access of basic support services to these groups. Main partner in ensuring care and support for pregnant women, adults, and children (Goal 5)
Ministry of Defense	• Partner in reduction of HIV infection (Goal 1) in scale-up of male circumcision, care and treatment (Goals 4 and 5), infrastructure development of military hospitals and capacity building (Goal 3)
Minister of Education	• Partner for HIV programs in schools; Reviews and approves educational equivalency of foreign degree for the purposes of work visas
Ministry of Youth and Sports	• Partner in HIV programs directed at out of school youth
Ministry of Agriculture	• Responsible for the development of policies and programs for sustainable agriculture; Partner in ensuring care and support for pregnant women, adults, and children (Goal 5) food security interventions
Ministry of Finance	• Responsible for approval of Ministerial budgets, financial verification for the approval of personnel into the health system; partner in developing sustainable finance mechanisms for HIV programming
Ministry of State Administration	• Responsible for the legal review and approval of new cadres and new personnel into the national health system
Ministry of Labor	• Responsible for the final approval of work permits of non-Mozambicans to support health and HIV programs
Minister of Foreign Affairs	• Responsible for approval of supporting documents to submit for the processing of work permits
Ministry of Justice	• Partner in creation of programs for prevention programs targeting the prison population under Goal I
Ministry of Interior	• Partner in development and delivery of prevention interventions with police (Goal 1)

Annex 2: Policy Reform Summary

Policy Areas	Current Policies/Plans/Guidelines/ Strategies	Expected Output	Ministries of Contact
Human Resources for Health			
Establish a sustainable funding mechanism from the state budget for community health workers (CHWs)	Operational plan and curriculum development for Community Health Interventions plan stipulates payment for CHWs in the form of subsidies and material incentives	Sustainable finance mechanism and multi-year commitment from GRM established	Ministry of Health Ministry of Finance Ministry of Public Function Ministry of Planning and Development Ministry of Women and Social Action
Implement a retention strategy through approval of incentives and salary adjustments	National Plan for Health Human Resources Development (NPHHRD) (2008-2015) has highlighted the retention of staff as a major impediment to the delivery of healthcare services	Development of a reference framework to justify salary, subsidy, and incentive policy and review the effectiveness of the policy	Ministry of Health Ministry of Finance Ministry of Public Function Ministry of Planning and Development Ministry of Education
Create cadres of community-based social workers to strengthen linkages between the health and social systems at the district level	Discussion with the Ministry of Women and Social Welfare to define cadres of community-based social workers in progress	Definition and job description of community based social worker established	Ministry of Women and Social Welfare Ministry of State Administration Ministry of Planning and Development
Gender and Stigma and Discrimination			
Implement and monitor legislation and enforce laws that ensure protection of PLHIV, women and children	Laws recently passed in need of implementation: “Defending the rights and the Fight against the Stigmatization and Discrimination of People Living with HIV and AIDS”, Anti-Discrimination in the Workplace Law, Domestic Violence Law	Laws passed by parliament and signed by the President translated into practice and implemented; infringement of law followed up by appropriate legal action	Ministry of Women and Social Welfare Ministry of Health Ministry of Justice
Children’s Issues			
Commit to a policy for family	Review policy of family integration	Renewed commitment of MMAS for	Ministry of Women and Social

Policy Areas	Current Policies/Plans/Guidelines/ Strategies	Expected Output	Ministries of Contact
integration of orphans and vulnerable children	established by the Ministry of Women and Social Welfare	family integration of orphans and vulnerable children	Welfare
Uptake of Counseling and Testing			
Define roles and responsibilities, integration into the National Health System, and sustainable financing of facility-based lay counselors	Facility-based lay counselor positions in HCT settings made redundant through process of integration of HIV services in national health system	Job description of facility-based lay counselors defined; cadre created in National Health Service and approval of MAE for financing	Ministry of Health Ministry of State Administration
Increase use and quality of ART program			
Develop a policy and strategy for virological monitoring of ART patients	Current policy discussions include potential routine virological monitoring of ART patients	Evidence-based virological monitoring protocol designed and evaluated	Ministry of Health
Develop a clear plan for decentralization and integration of HIV services and preservation of specialized services for complicated cases of HIV	Review of service delivery model for HIV patients; Specialized services for complicated cases facing closure	Decentralization and integration plans defined; commitment to maintain specialized services operational	Ministry of Health
Access to Quality Affordable Medications			
Ensure financial and administrative autonomy for Central Medical Stores (CMAM) and increased efficiency and flexibility of procurement and contracting mechanisms	Current legislation has CMAM under the leadership and administrative and financial control of MOH	CMAM achieves legal recognition of its financial and administrative autonomy from MOH	Ministry of Health Ministry of Finance Ministry of State Administration
Finalize development of the pharmaceutical logistics master plan (PLMP) and commodities security strategy	PLMP and commodities security strategy under discussion and review by MOH and partners	Pharmaceutical logistics system is fully functional with no reported stock-outs of essential medicines	Ministry of Health
Sustainable Financing			
Develop innovative approaches to generate revenue for public health financing outside of donor sources	Resource envelope to support public health programs heavily dependent on donor sources (bilateral, multilateral, GF)	Public health financing portfolio demonstrates balanced approach with contributions from private sector, creative partnerships to raise funds for internal revenues	Ministry of Health National AIDS Council Ministry of Finance Ministry of Public Function Ministry of Planning and Development

Policy Areas	Current Policies/Plans/Guidelines/ Strategies	Expected Output	Ministries of Contact
Transition financial sustainability of key health expenditures to GRM	Key health commodities are heavily financed by USG and other external resources	Key essential health commodities are budgeted into state budget resources for the health sector	Ministry of Health Ministry of Public Function Ministry of Planning and Development Ministry of Finance
Monitoring and Evaluation and disease surveillance			
Establish standard forms and databases for monitoring programs and support the use of national standard tools by all	Monitoring and Evaluation framework and tools for monitoring programs and disease surveillance not consistently used by implementing partners and not developed in a timely fashion by Ministry of Health	Consensus obtained of tools to be used and enforcement of use by partners	Ministry of Health National AIDS Council
Use emerging evidence to better define and target MARPs	National Accelerated HIV Infection Prevention Strategy includes MARPs as a priority intervention	Data gathering and analysis completed MARPs identified and prioritized for programming	Ministry of Health National AIDS Council
Strengthen multi-sectoral response			
Implement National AIDS Council alignment process to emphasize their coordination role	Realignment process of NAC mandated to focus on coordination, M&E, and communication	Decentralized coordination mechanisms strengthened with key management and technical competencies in place	National AIDS Council
Male Circumcision			
Develop a national male circumcision policy and guidelines to enable scale up and access to safe voluntary male circumcision services	Male circumcision interventions awaiting results from pilot study and commitment of scale-up from the Minister of Health	Guidelines and policy developed by MOH	Ministry of Health Ministry of Defense
Maternal and Child Health			
Review and consider increasing PMTCT targets in the NSP (2010-2014)	PMTCT targets in NSP and PESS only reached 32% coverage of those in need for 2008	PMTCT targets in national plans increased to 80% of pregnant women HIV tested and 85% of HIV-positive pregnant women received prophylaxis by 2013	Ministry of Health National AIDS Council
Other			
Develop and implement the official structure of a national blood transfusion service and approve a national blood	National blood policy in development and national blood transfusion service in need of approved structure	Approval of national blood policy by the Minister of Health and Consultative Committee; development and	Ministry of Health

Policy Areas	Current Policies/Plans/Guidelines/ Strategies	Expected Output	Ministries of Contact
policy		implementation of National Blood Transfusion Service by Minister of Health and Consultative Committee	
Review policy for the provision of nutritional support for PLHIV	Food basket policy developed by MOH in need of revision and review of logistical considerations	Nutritional support policy developed for PLHIV that reflects financial and logistical considerations; Policy is implemented and sustainable financial and technical support available for program sustainability	Ministry of Health
Facilitate work permits for non-Mozambicans to help build the capacity of the public health system and support program implementation	Review of current practice that limits and places constraints on key non-Mozambican staff in obtaining work visas	Facilitation by the MOH in approving key health support staff for work visas	Ministry of Health Minister of Labor Minister of Foreign Affairs Minister of Education

Annex 3: GRM and USG planning and reporting cycles

	GRM	USG
Annual operational cycle	January 1 – December 31	October 1 – September 30
Planning guidelines and annual budget limit released	March 31	June 1
Development of annual work plans and budgets for following year	March 31 – July 31	June 1 – September 30
Annual work plans and budgets submitted to Council of Ministers (GRM) and Office of the Global AIDS Coordinator (PEPFAR)	September 31	October 15
Annual report due date	January 15	November 15

Annex 4: PFIP United States Government Budget

Activity Area	Code	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Prevention of Mother to child Transmission (PMTCT)	01 - MTCT	$21,610,179	40, 809,401	31,609,878	TBD	TBD
Sexual Prevention (Behavior Change/Abstinence)	02 - HVAB	$13,235,078	16,476,896	15,320,000		
Sexual Prevention (Other Sexual Prevention)	03 - HVOP	$9,961,457	14,942,162	13,790,000		
Biomedical Prevention (Blood Safety)	04 - HMBL	$2,370,000	2,194,589	2,194,000		
Biomedical Prevention (Injection Safety)	05 - HMIN		3,014,078	3,014,000		
Biomedical Prevention (Intravenous Drug Use)	06 - IDUP	-	-	500,000		
Biomedical Prevention (Medical Male Circumcision)	07- CIRC	$2,000,000	3,491,765	8,400,000		
Adult Care and Treatment (Adult Care and Support)	08 - HBHC	$12,986,673	16,537,003	17,690,000		
Adult Care and Treatment (Adult Treatment)	09 - HTXS	$36,748,256	36,349,461	39,020,000		
TB/HIV	10 - HVTB	$3,668,470	3,975,589	4,570,000		
Orphans and Vulnerable Children (OVC)	11 - HKID	$16,257,235	17,484,691	18,666,626		
HIV Counseling and Testing (HTC)	12 - HVCT	$7,854,581	10,475,296	11,500,000		
Pediatric Care and Support (Pediatric Treatment)	13 - PDTX	$7,486,036	8,480,002	8,480,000		
Pediatric Care and Treatment (Pediatric Care and Support)	14 - PDCS	939,237	1,995,295	1,990,900		
ARV Drugs	15 - HTXD	$13,451,522	10,000,000	9,920,000		
Laboratory Infrastructure	16 - HLAB	$11,230,166	10,924,314	9,400,000		
Strategic Information	17 - HVSI	$5,894,673	3,990,589	7,246,000		
Health Systems Strengthening	18 - OHSS	$41,364,801	42,893,018	39,390,000		
TOTAL		**$226,378,062**	**$226,378,062**	**$226,378,062**		

Annex 5: Global Fund Rounds

Round	Principal Recipient	Disease Area	Time Frame	Total Approved Budget	Status
2	NAC	HIV	2006-2010	7,732,956	Closure
	MOH	HIV	2005-2010	90,642,063	Closure
2	MOH	TB	2005-2010	10,504,200	Closure
2	MOH	Malaria	2005-2010	26,784,326	Closure
6	MOH	HIV	2005-2010	61,305,300	Closure
6	MOH	Malaria	2005-2010	32,856,363	Closure
7, Phase I	MOH	TB	2007-2009	6,735,303	Closure
7, Phase II	MOH	TB	2011-2013	12,198,886	Approved, Not signed
8, Phase I	MOH	HSS	2012-2014	11,823,414	Signed, Not Disbursed
9, Phase I	MOH	HIV	2012-2016	41,140,895	Signed, Not Disbursed
9, Phase I	FDC	HIV	2011-2015	14,384,504	Signed, Not Disbursed
9, Phase I	MOH	Malaria	2012-2016	32,308,603	Signed, Not Disbursed
9, Phase I	World Vision	Malaria	2011-2015	21,737,126	Disbursed
Total				393,141,245	